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CITY AND COUNTY OF THE CITY OF EXETER *Archd.*

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EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1961

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
PRINCIPAL
SCHOOL MEDICAL OFFICER

CITY AND COUNTY OF THE CITY OF EXETER



(Above Sketch by H. Doble, 1962)

WYNARD'S HOSPITAL

This most attractive group of almshouses with courtyard and chapel, spans five hundred years. The founder, William Wynard, Recorder of Exeter (1403-1453), having exhausted his resources on retirement, became one of the twelve occupants, ministered to by a resident priest.

The original almshouses were destroyed and the chapel damaged by the Roundheads during the Civil War : they were not restored until 1662. A century ago, Mark Kennaway, as patron, added a cottage for two widows, called (after his wife) Harriet's Cottage. Since 1950, the almshouses have been entrusted to the Exeter Municipal Charities, and certain improvements have been made.



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SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

April, 1962.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

The child population in the city schools shewed once again a very slight decline on the previous year's figure. The health of the school children was quite satisfactory. Although the proportion of the children examined at periodic medical inspections referred for medical treatment seems high (one in four), it should be noted that visual defects accounted for nearly half and skin conditions for a quarter of these references. Among the conditions requiring further observation, visual defects, ear, nose and throat defects, orthopaedic conditions, and skin disorders, in that order, accounted for the very great majority. A considerable improvement in the head cleanliness state was noted, and under 1% of the children were found to have nits or vermin at any time. Although not perfect, it is a really creditable state of affairs.

Measles was notified in 262 school children and dysentery in 155 ; infectious hepatitis caused a number of long absences : there were no serious outbreaks of infectious disease and no cases of poliomyelitis. Two school children died during the year, one being an accidental death.

We developed further the idea of selective medical examinations in place of the systematic periodic examinations formerly the rule ; the committee approved the discontinuance of the medical examinations on entry to, and during the leaving year in, the secondary schools, substituting for both of them one medical examination at 13 years of age : I expect this to be a transitory phase, as the examination at this age is being continued partly as a check on the efficiency of the selective method in the junior schools. If, as I expect, it shews no deficiency in the system, this 13 year old examination will also be discontinued leaving the medical inspection on entry to infant schools as the only periodic one, the rest of the child's school life being covered by medical supervision on the selective basis.

Vision testing of children is now carried out ordinarily six times in the child's school life, viz. at 5, 7, 10, 12, 13, 14, 16 years of age and, of course, oftener if necessary. Systematic colour vision testing is now confined to the boys and is ordinarily conducted during the last year in the junior schools. Any girls who wish to enter a trade where good colour vision is essential can, of course, be tested. The Ishihara bookplate tests are used as

screening tests and the Giles Archer Lantern test for finer discrimination in suspected colour vision defect cases. I circulated to various interested persons, the colour vision standard required in various jobs normally available in this area to boys, and where normal or near normal colour vision is important. This list in slightly amended form is included as Appendix I.

During the year Dr. Margaret Cameron was appointed to the staff; Mr. Alvin Pryor replaced Mr. J. C. Lawson as Principal Dental Officer, the latter having secured a consultant hospital appointment in Hertfordshire. Mr. Burley, one of the South Western Regional Hospital Board's Consultant Orthodontists attends regularly to give advice in difficult orthodontic cases: the dental service is satisfactorily staffed: all the school children were dentally inspected at least once in the year and all requiring treatment and not under the care of private dentists were offered it. Mr. Pryor reports the children's dental health as very satisfactory.

During the year consideration was given to the educational treatment of the partially but severely deaf children, most of whom, in the city, attend the Royal School for the Deaf in Topsham Road, nearly all as day pupils: some, wearing hearing aids, attend the ordinary city schools. The development of residual auditory training in early infancy has favourably altered the outlook for many severe but not completely deaf infants. The emphasis to-day is on early ascertainment, intensive effort at communication, and the maintenance of the child, so far as possible and with the necessary support, in normal home and school surroundings. The Director of Education and I visited a special class for such children in an ordinary school in Poole; such classes, with apparently encouraging results have been started by other local education authorities, the purpose being to integrate as far as possible the partially hearing child into the school and playground life of his hearing-fellows. Many factors have to be borne carefully in mind before we can make firm recommendations about the education of this very important, though small, group of handicapped children. No one doubts that not all of the severely partially deaf can be satisfactorily educated in special classes in ordinary schools, and it is also certain that if this method can be followed, we should start with the children as young as possible, preferably under 5 years, and link them with a nursery school or nursery class environment.

The treatment of nocturnal enuresis (bed wetting) by the electric alarm apparatus is the subject of a short report by Dr. C. H. J. Baker, who with Mr. J. V. F. Smyth, Youth Employment Officer, also contributes an abbreviated version of an interesting paper by them on employment of handicapped school leavers (Appendix II), (the original of which was presented to the General Assembly of the European Union of Social Medicine at Turin in 1961). A report on school accidents covering three years' experience in Exeter has been prepared by Dr. G. P. McLauchlan (page 47).

Once again I sincerely thank all my staff for their loyal assistance and co-operation throughout the year, and in particular Dr. C. H. J. Baker, who of the medical staff is most concerned with the School Health Service, and Mr. W. H. Stamp, the administrative assistant : I always thank the Director of Education (Mr. J. L. Howard) and the teachers for their continuing co-operation and it is once more a pleasure to record my appreciation of the great help they always give me. I wish to thank you Mr. Chairman, Ladies and Gentlemen and in particular the Chairman and members of the Special Services Committee for all the consideration, courtesy and support you give to me and all the School Health Service, (as you always have done), in our work for the children and their parents.

I am,

Your obedient servant,

E. D. IRVINE.

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(as constituted on 31st December, 1961)

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DEEN), D.P.H. (Appointed 1.9.61).

Principal Dental Officer	JAMES C. LAWSON, L.D.S., R.C.S. (ENG.). (Resigned 28.2.61). ALVIN PRYOR, L.D.S., R.C.S. (ENG.). (Appointed 1.7.61).
Dental Officers	MARTIN RADFORD, B.A. (OXON.), L.D.S., R.C.S. (ENG.). ROBERT B. MYCOCK, L.D.S. (BRIS.). MISS R. J. MORRISON-GILL, L.D.S. (LIV.).
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Speech Therapist	MISS M. PINK, L.C.S.T. (Resigned 20.1.61). MISS I. W. HASTINGS, L.C.S.T. (Appointed 1.6.61).
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Temporary Clinic Nurses (Part-time)	MRS. M. A. MACNAMARA, S.R.N. MRS. T. S. TILLER, S.R.N.
Dental Attendants ..	MISS J. M. BACON MISS P. M. BOLT MISS D. G. FREEMAN MISS E. M. PINKHAM
Clerks	MR. W. H. STAMP (Administrative Assistant). MISS J. M. PLUMER MRS. N. COURTNEY (Appointed 21.11.61). MISS M. A. COX MISS P. M. EVES-DOWN (Transferred to Health Dept., 21.8.61). MISS C. J. EATON MISS M. A. FENWICK (Dental) MRS. P. I. GOSS (Child Guidance Centre)

STATISTICS AND GENERAL INFORMATION

Population of City (Mid-Year 1961)	....	....	....	78,570
Population (city) between 5 and 15 years (Mid-Year 1961)	approx.	....	....	12,300
Population of Maintained Schools as at January, 1962	....	....	....	11,094
Number of Maintained Schools	....	....	....	36

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
19	23	42	Nursery	1
1,250	1,207	2,457	Infants	16
2,000	1,927	3,927	Junior	17
1,609	1,544	3,153	Secondary Modern	8
914	593	1,507	Secondary Grammar	2
3	5	8	Hospital Special School (Honeylands)	1
5,795	5,299	11,094	TOTALS	45

Those schools having both infants and juniors have been counted as having two departments.

The total number of children attending our schools (January 1962) again shows a small decrease of 75 (due to there being fewer children in the secondary modern schools) compared with the previous year. During the year one new school was opened in January 1961, viz. : St. James Girls' Secondary Modern School of 450 places ; their former premises was taken over as an annexe to Bishop Blackall Grammar School for Girls.

SCHOOL PREMISES

The following abstract (by courtesy of the City Architect, Mr. H. B. Rowe, F.R.I.B.A.) shews details of work carried out by his department which directly affects the environmental and hygiene conditions in the schools. It does not, of course, list all the work undertaken by the City Architect for the Education Committee.

(a) School Meals Service

Large scale alterations were carried out to the kitchen and dining accommodation at the Ladysmith Schools and oil-fired central heating installed in lieu of overhead gas heating.

Internal redecoration was carried out to accommodation used for school meals purposes in 9 schools.

(b) **Internal Decorations** of a major character were carried out in 14 schools.

SCHOOL HYGIENE

The medical officers continue to carry out inspections of school premises, with the head teachers, in regard to the maintenance of general hygiene, such items as cleanliness, sanitary accommodation, washing facilities, ventilation, lighting and heating, and canteen arrangements being reviewed.

Significant details are referred to the Director of Education.

Sanitary Conveniences. Comments were made and improvements suggested in respect of substandard provision at Cowick Street Infants, St. Nicholas Junior Mixed & Infant and St. Sidwell's Junior Mixed & Infant Schools.

Indoor sanitary accommodation in addition to the present outdoor conveniences was recommended for Bradley Rowe Junior Girls and Junior Boys Schools.

Washing Facilities. The substitution of floor tiling instead of duck-boards in the showers was recommended and has been effected at Priory Girls Secondary Modern and Vincent Thompson Boys Secondary Modern Schools.

The provision of hot water facilities and covered outdoor washing arrangements for Exwick Junior Mixed & Infants School is desirable.

Canteen Arrangements. Recommendations were made for replacement of the canteen furniture in Ladysmith Junior Mixed School.

Medical Inspection Facilities. Medical inspection facilities are unsatisfactory in some schools, even the minimum requirement of satisfactory rooms for the examination and reasonable waiting room for the parents and children not being available.

At Ladysmith Boys Secondary Modern School in particular, the facilities are very inadequate with an extremely small medical inspection room, an open stone-floored corridor being used as a waiting room.

Drying Accommodation. The clothes drying accommodation at Bradley Rowe Junior Boys School is not satisfactory but so far it has not been possible to remedy this.

Heating. The heating arrangements at Newtown Junior Mixed and Infants School make the maintenance of cleanliness difficult but improvement waits upon general modernisation of the premises.

Medical Examinations

At the beginning of the Autumn term, 1961, the periodic medical examination of children in their first and last year at the secondary school was discontinued and replaced by one examination in their fourteenth year ; additionally " selective examinations " were started in these schools and continued in the junior schools, (as in recent years). Periodic medical examinations are now made only of children entering school and during their third year at the secondary school. The effects of all these changes are described on pages 13-17.

In a total school population of 11,094 the periodic medical inspections numbered 3,237 and " other medical examinations " 3,597. Parents were present at 2,061 (57%) of the periodic examinations (see table on page 13). Parents are usually invited to be present at the re-examinations and also at the special examinations : these attendances are not, however, recorded for statistical purpose. 804 children (approximately 1 in 4 of those examined at the periodic inspections) were found to require treatment for some defect other than dental disease or verminous conditions.

General Condition of the Children

The general condition of the children continues to be satisfactory, 99.9% having been so classified by the medical officers, the same percentage as during the past three years.

In only 1 child, a senior boy—out of 3,237 having complete medical examinations during 1961 was the general condition reported to be unsatisfactory ; he was an asthmatic. Home care and housing conditions were satisfactory. He took both school milk and school dinners.

The following table sets out the position as at 31.12.61 of all the children regarded as having unsatisfactory general condition since this classification was first introduced by the Ministry in 1956 :—

Year Found Unsatisfactory	No. of Cases	Since taken off observation		Still under Observation
		Satisfactory	Left School	
1956	24	14	9	1
1957	11	6	4	1
1958	4	3	—	1
1959	3	2	—	1
1960	2	—	1	1
1961 ..	1	—	1	—
Total 1956-1961	45	25	15	5

PARENTS' ATTENDANCES AT COMPLETE EXAMINATIONS

AGE GROUP	No. of children examined	No. of parents present	Percentage
5 year olds	921	891	96%
11 and 12 year olds	346	278	80%
14 year olds	258	114	44%
15 year olds and over	905	278	30%
Other Age Groups	807	500	62%
TOTAL (1961)	3,237	2,061	63%
TOTAL (1960)	3,346	2,319	69%
TOTAL (1959)	3,898	2,753	71%

The high attendance of the parent at the entrance examinations is much to be commended.

SELECTIVE MEDICAL EXAMINATION

A review of children in the junior schools examined in 1961 under the selective procedure described in my report for 1960.

As from the commencement of the autumn term (September 1961) the selective method (described in my report of 1960) was extended to all the pupils in the senior schools ; the committee approved the elimination of the periodic examinations on entry to, (at 11 years) and on leaving the secondary school (in their 15th or 16th year) ; and also approved a full medical examination at 13 years of age. It was felt that this periodic examination would

provide the opportunity first to check the efficiency of the selective medical examinations in the junior schools, and secondly to rectify defects which had perhaps been missed as a result of omitting the periodic examinations at 8 and 11 years of age. If it prove that nothing of great significance in the junior schools has been missed we hope to eliminate this '13 year old' examination. We would then have the 5 year old (full) examination as the only basic periodic medical inspection during the child's school life, but very many children will have a number of medical examinations for specific reasons.

1. Review of Selective Methods

A new form of invitation incorporating a detailed health questionnaire was introduced during the year for the infant school entrants. It was felt that this would overcome the difficulty caused by the reluctance of parents to give information about their children in a medical inspection room lacking privacy; it would also allow parents more time to think and ensure greater accuracy in their replies.

Instances have occurred, which emphasise the importance of the full 5 year-old periodic examination and shew the advantage of close follow-up term by term, if necessary, secured by the "selective examination methods" previously described in my reports. The parents have, in fact, responded very well and the completed forms have given us great assistance.

2. Results of the System

(i) Last year (1960) 367 children in junior schools were medically examined under the selective procedure, viz. : 134 from medical officers' references, 184 from teachers' and 49 on request by parents. This year, (1961) 49 senior school children (all referred by teachers) were examined as well as 257 in junior schools, including 95 referred by medical officers, 113 by teachers and 49 by parents.

Since children seen on successive occasions for the same condition, are subsequently to the first such examinations, counted as re-examinations, it is to be expected that year by year, from the inception of the selective procedure, the number of examinations by special request will in, three to four year's time, drop to a fairly constant figure; in effect the new cases or special re-examinations during the year increased by 105 on the previous year's figure (2,212) and the special inspections (including those made under the selective system) were almost the same in number, 1,280 in 1960.

(ii) As we go along, medical officers will derive less information from the medical record cards in selecting children for supervision, being more concerned with re-examination and picking up cases from personal contact in school, clinic and home visits. Their references therefore may be expected to decline, the probable trend being shown in 1961, with 95 referred as against 134 in 1960.

(iii) The reduction in the number referred by teachers, 113 in 1961 compared with 184 in 1960 is also to be expected ; in 1961 the teachers discriminated more successfully in their choice of children for examination than they had done at the outset in 1960.

(iv) Parents referred as many children (49) in 1960 as in 1961 ; this suggests a well maintained interest by the parents.

(v) Though fewer junior children were examined in 1961 than in 1960 a distinctly higher proportion were referred for treatment and observation. (80% in 1961 and 62% in 1960) : this again suggests better selection.

(vi) The figures relating to cases of hearing loss are interesting. In 1960, 20 cases of defective hearing were referred for treatment of which 11 had been brought to the notice of the school medical officer by teachers and 2 by parents and 7 by medical officers. In 1961, in spite of the reduced total number of cases for the year, there were 25 of these cases referred for treatment, viz :— 10 first noted by teachers and 5 by parents and 10 by doctors. In each of these two groups over 50% of the cases were referred by teachers and parents.

(vii) Complete examinations (Juniors) increased from 19 in 1960 to 92 in 1961. Some of these were inward transfers from other authorities when there was incomplete information or non-arrival of records. 25 of the 92 required treatment, 44 were noted for observation and 23 needed no action.

Conclusions

- (1) It is our view that the cover given for children in junior schools is more comprehensive and effective than that secured by a concentration of effort on children in specific age groups.
- (2) Increased interest by teachers and parents is very evident and closer co-operation with school doctors is maintained. Teachers in particular much prefer this method to the periodic examination, as it provides them with closer consultation with the school doctors and secures better follow-up.
- (3) The method does necessitate more involved administrative arrangements than the older methods.

KEPT UNDER OBSERVATION												
Obesity	Skin	Vision	Ears	Nose and Throat	Speech	Heart and Circulation	Lungs	Orthopaedic	Nervous System	Psychological	Abdomen	Enuresis
General Condition	Bowel Control											
1	2	8	7	23	11	1	7	9	4	5	1	7
8	1											
95												

NOCTURNAL ENURESIS

(Bedwetting)

(Report by Dr. C. H. J. Baker)

During the year 69 enuretics (31 girls—38 boys) were noted among 3,237 children examined at the periodic medical inspections ; 66 of these were found at the school entry medical examination ; additionally 21 such children (9 girls—12 boys) were found among 2,317 re-examined during the year, though many of these had been known previously. Three of the children were also incontinent of urine during the day.

Frequency of Bedwetting				Every night	Two/Three times a week	Once a week	Occasional	Total
Girls	....	....	....	20	10	1	9	40
Boys	....	....	....	37	8	2	3	50

The sex incidence shews a slight preponderance of boys, though nearly twice as many boys as girls (37 to 20) were severe cases wetting every night.

Size of Family	Place in Family	No. of Families	Sex of children concerned	
			Girls	Boys
Only child	—	6	3	3
Two children	First	17	8	9
"	Second	14	9	5
Three children	First	9	2	7
"	Second	6	2	4
"	Third	5	4	1
Four children	Second	3	1	2
"	Third	8	2	6
"	Fourth	4	—	4
Five or more children	First	1	—	1
"	Second	2	1	1
"	Third	4	2	2
"	Fourth	2	2	—
"	Fifth	8	3	5
"	Sixth	1	1	—
Total	—	90	40	50

Apart from one-child families, in as many as 27 out of the 90 observed during the year, the first born child was a bed-wetter. Among these cases, parents have mentioned frequently that the eldest child was dry or improving until the arrival of the second or third child, the worsening being presumably a subconscious protest against the inevitable sharing of parental attention and care. It should be remembered that most of the children discussed here were in their 5th or 6th year of age.

FAMILY HISTORY

In 32 children (15 girls—17 boys) there was a history of bed-wetting in near relatives.

Intelligence

2 children (boys) were regarded as obviously backward. Most of the children were in their 5th or 6th year and detailed investigations of intelligence were not carried out amongst them.

Maladjustment

4 (2 girls, 2 boys) were regarded as maladjusted.

Speech Defect

2 children (boys) needed and had speech therapy.

Other Defects

1 (girl) had asthma ; 1 (girl) had acute urticaria ; 1 (girl) and 1 (boy) had squint (treated) ; 1 (girl) had fits.

Specific Causes Attributed

20 cases (9 girls—11 boys) were described as highly strung and/or nervous ; in 1 (boy) enuresis began after the death of his father ; in 3 (1 girl—2 boys) bedwetting started on entry to school ; 1 (girl) was an adopted child, 1 (girl) mother divorced and remarried ; 2 (boys) were very emotionally immature and in 4 (1 girl—3 boys) there were disturbed home conditions. There is no doubt, that over 90% of cases of enuresis have an emotional origin. Rarely indeed is organic disease found to be responsible for bedwetting, and disturbed environmental influences are often implicated.

Use of the Alarm Apparatus

Two different types of alarm are used, a buzzer type with two aluminium foil sheeting pads, and a bell type with a wired rubber blanket. Both the foil pads (or the wire blanket) are placed underneath the child in the bed and covered with a very thin sheet. The child sleeps in a pyjama jacket only ; when the child passes urine (on to the pad) it causes an electric circuit to flow which sounds the alarm and wakens the child who should then get out of bed. This is a " conditioning " device which " trains " the child in bladder control during sleep.

The bell type (i.e. with rubber pads) sometimes causes skin reactions (wheals) whilst the buzzer type (with foil pads) is unsuitable for restless sleepers who by rumpling the aluminium foil cause disintegration of the pads, making them useless. These points are well illustrated in one of our failure cases, who was both restless and had a very sensitive skin, and although he used both types of alarms he was not improved. This was, however, the only failure in the past two years due to mechanical causes.

The alarm was, as previously, issued on loan after agreement with the family doctor and when necessary, the psychiatrist. Full explanation of use of the apparatus was given to the parent by the school doctor, and a card, for a nightly record of progress, was supplied at the same time.

Parents were requested to return with this card after one month, but not to return the alarm unless the child had been dry for at least the previous fortnight. As a test of impending cure, and independence from the apparatus, the parents were advised that after a period of 7 to 10 dry nights it should be disconnected but left in the bed, the child being told this: if he then remained dry for a further similar period, the apparatus was to be taken from the bed and placed in a cupboard in the same room. If the child then continued dry for a further two weeks, the apparatus was to be returned, but if a wet night intervened, the whole procedure from the very beginning was to be repeated. After the end of the treatment, the school nurse made the usual routine follow-up visits at one and six months.

Selection of Cases

As stated in my last report the following points are always borne in mind: (1) age: those below the age of 8 years are too young for these alarms; (2) urinary abnormalities (urine examination is essential); (3) the need for consultation with the family doctor, and where necessary the psychiatrist and (4) consideration of home conditions.

However, it was decided that in order to avoid subjecting the children to unnecessary and irksome medical investigations, which might indeed encourage fears of non-existent abnormalities, a detailed physical examination was to be made only where a carefully taken medical history indicated it was necessary.

The apparatus was issued to 46 children (31 boys, 15 girls) during the year (in 3 instances at the request of family doctors). Five of these children (2 boys, 3 girls) "broke down" shortly after the return of the alarm; one is to be further observed at school; an alarm was re-issued to the other 4 of whom 3 have now completed the second course of treatment, 2 being reported 'dry,' and 1 occasionally wet. In a further 8 cases (7 boys, 1 girl) there was no improvement; the factors contributing to failure included: not using the alarm regularly (2); too frightened to use it (1); alarm never used (1); domestic strife (2); no known cause—and referred for hospital investigation (2). Additionally, 6 children were still under treatment at the end of the year.

The result of treatment of the remaining 27 children :—

Immediate results (on return of the alarm) :—

Completely dry 20 (12 boys, 8 girls).

Occasional wet nights 7 (all boys).

SUMMARY

Since this treatment was first made available from February, 1960 up to the end of 1961 the alarm has been issued to 87 children (58 boys, 29 girls). The result obtained approximately six months after the alarm had been returned shewed that 23 of them were still *completely dry* and 11 had had only *occasional wet or damp nights*. There were 7 children who were *total failures*, (no apparent reason (1), adverse home conditions (1), skin re-action (2), too frightened to use alarm (1), alarm not used regularly (2)). 9 children (5 boys, 4 girls) had *relapsed* within six months, after apparent improvement, (adverse home conditions (2), school examinations (2), after a holiday (1), no apparent factor (4)).

The *remaining* 37 children (some of whom have been re-treated as a result of relapse) are either not yet due for their final follow-up visits or are still using the apparatus.

The electric alarm method of treatment of enuresis by no means guarantees cure of this condition (which has social consequences far greater than its intrinsic significance might suggest) but experience shews it to be a positive and relatively successful approach to the problem.

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS							
Age		Height in inches	Age		No. Exam- ined in 1961	Average Height in Inches				
						1961	1960	1959	1958	1957
5	(4½-5½) yrs.	41.4	4	(4-5) yrs.	20	39.3	41.6	—	42.5	—
6	(5½-6½) "	43.0	5	(5-6) "	458	42.8	43.2	43.1	42.8	43.6
7	(6½-7½) "	45.4	6	(6-7) "	63	44.3	43.2	44.5	44.2	—
8	(7½-8½) "	47.8	7	(7-8) "	9	47.6	47.9	48.6	46.5	—
9	(8½-9½) "	49.2	8	(8-9) "	—	—	50.7	51.1	50.1	50.5
10	(9½-10½) "	51.3	9	(9-10) "	—	—	50.8	50.8	51.3	—
11	(10½-11½) "	52.7	10	(10-11) "	—	—	52.8	54.1	52.8	—
12	(11½-12½) "	—	11	(11-12) "	10	56.4	56.0	56.7	56.5	56.9
13	(12½-13½) "	56.2	12	(12-13) "	107	58.1	57.8	57.4	57.7	57.6
14	(13½-14½) "	58.0	13	(13-14) "	297	60.8	59.4	58.7	59.3	—
			14	(14-15) "	131	62.5	63.6	63.4	63.3	63.7
			15	(15-16) "	322	64.7	64.6	63.9	64.2	67.5
			16	(16-17) "	100	67.1	67.5	66.6	66.7	—
			17	(17-18) "	11	67.0	68.6	68.6	68.0	69.3
			18	(18-19) "	38	68.5	69.4	69.4	69.5	—

BOYS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER BOYS					
Age	Weight in pounds	Age	No. Exam- ined in 1961	Average Weight in Pounds				
				1961	1960	1959	1958	1957
		4 (4-5) yrs.	20	37.0	38.5	34.5	36.1	—
5 (4½-5½) yrs.	38.7	5 (5-6) "	458	42.3	42.8	42.7	42.0	43.1
6 (5½-6½) "	41.3	6 (6-7) "	63	45.5	42.8	45.2	44.1	—
7 (6½-7½) "	45.4	7 (7-8) "	9	49.8	53.1	54.5	50.0	—
8 (7½-8½) "	51.0	8 (8-9) "	—	—	59.3	62.3	58.1	60.3
9 (8½-9½) "	54.8	9 (9-10) "	—	—	61.5	61.7	62.2	—
10 (9½-10½) "	59.6	10 (10-11) "	—	—	67.8	71.3	66.8	—
11 (10½-11½) "	64.6	11 (11-12) "	10	79.6	80.4	81.5	81.0	82.8
12 (11½-12½) "		12 (12-13) "	107	89.4	86.9	84.5	85.8	88.4
13 (12½-13½) "	76.5	13 (13-14) "	297	101.0	92.0	89.1	93.0	—
14 (13½-14½) "	86.1	14 (14-15) "	131	106.1	111.8	111.4	112.0	113.9
		15 (15-16) "	322	120.4	119.3	116.3	115.3	130.4
		16 (16-17) "	101	132.7	133.3	132.5	129.6	—
		17 (17-18) "	11	136.3	134.0	143.8	144.1	148.6
		18 (18-19) "	38	142.2	146.7	143.5	150.6	—

GIRLS' HEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS					
Age	Height in inches	Age	No. Exam- ined in 1961	Average Height in Inches				
				1961	1960	1959	1958	1957
		4 (4-5) yrs.	27	39.6	42.1	—	42.8	—
5 (4½-5½) yrs.	41.1	5 (5-6) "	412	42.4	42.5	42.6	42.7	43.0
6 (5½-6½) "	42.8	6 (6-7) "	55	43.3	44.0	43.7	43.7	—
7 (6½-7½) "	45.1	7 (7-8) "	5	47.0	46.6	47.9	45.0	—
8 (7½-8½) "	47.5	8 (8-9) "	—	—	51.0	49.9	49.8	50.0
9 (8½-9½) "	48.9	9 (9-10) "	—	—	52.3	51.9	50.5	—
10 (9½-10½) "	51.2	10 (10-11) "	—	—	55.1	52.5	52.6	—
11 (10½-11½) "	52.8	11 (11-12) "	11	56.1	56.1	57.1	57.3	57.2
		12 (12-13) "	216	58.0	57.9	58.3	58.4	58.6
13 (12½-13½) "	56.9	13 (13-14) "	376	60.8	59.4	59.8	59.6	—
14 (13½-14½) "	58.9	14 (14-15) "	127	62.5	62.6	63.2	62.7	62.6
		15 (15-16) "	346	62.9	62.9	62.9	62.6	68.0
		16 (16-17) "	54	63.5	63.6	63.4	63.7	—
		17 (17-18) "	17	64.5	64.4	63.3	64.1	63.2
		18 (18-19) "	10	64.2	64.3	62.9	64.9	—
		19 (19-20) "	1	63.0	65.8	—	65.6	—

GIRLS' WEIGHTS

MINISTRY OF EDUCATION STANDARD (1928)			EXETER GIRLS					
Age	Weight in pounds	Age	No. Exam- ined in 1961	Average Weight in Pounds				
				1961	1960	1959	1958	1957
		4 (4-5) yrs.	27	37.6	38.2	33.7	36.4	—
5 (4½-5½) yrs.	37.5	5 (5-6) "	412	41.4	41.3	41.1	41.0	41.7
6 (5½-6½) "	40.1	6 (6-7) "	55	43.4	44.1	43.5	42.8	—
7 (6½-7½) "	44.4	7 (7-8) "	5	54.4	48.9	51.0	47.0	—
8 (7½-8½) "	49.4	8 (8-9) "	—	—	59.5	55.7	58.3	59.4
9 (8½-9½) "	52.6	9 (9-10) "	—	—	72.9	65.4	59.7	—
10 (9½-10½) "	59.8	10 (10-11) "	—	—	75.3	66.6	63.5	—
11 (10½-11½) "	63.9	11 (11-12) "	11	77.6	81.1	88.3	83.5	84.5
		12 (12-13) "	216	88.2	86.4	89.1	88.4	88.6
13 (12½-13½) "	79.0	13 (13-14) "	376	102.5	96.7	94.5	96.5	—
14 (13½-14½) "	83.2	14 (14-15) "	127	114.2	115.3	117.0	114.3	114.1
		15 (15-16) "	342	116.7	115.6	115.0	112.7	111.5
		16 (16-17) "	54	125.7	123.8	122.1	127.0	—
		17 (17-18) "	17	131.7	126.3	115.6	120.3	119.0
		18 (18-19) "	10	126.1	133.6	128.8	133.9	—
		19 (19-20) "	1	128.0	121.3	—	131.0	—

Procedure re Heights and Weights

Heights : All children are measured in their stockinged feet.

Weights : **Boys**—wearing shirt, underclothes, trousers and socks.

Girls—wearing dress or blouse and skirt, underclothes and socks or stockings.

HEARING— AUDIOMETRIC TESTING

During the year, 85 children (43 boys, 42 girls) were given audiometric tests as a result of either the teacher's request or medical examination (periodic inspections, etc.). All were examined by a school doctor to ascertain if possible any cause for deafness ; some children shewed quite a severe hearing loss. The table set out below shews the medical officer's recommendations :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to Ear, Nose and Throat Specialists	20	10	30*
For observation	7	9	16
Not deaf enough to require action	17	20	37
Referred to own doctor	—	2	2
TOTAL	44	41	85

Recommendations of the Ear, Nose and Throat Specialists :

Of the *30 cases referred as above :

- 5 (4 boys ; 1 girl) recommended removal of tonsils and adenoids.
- 4 (3 boys ; 1 girl) recommended removal of adenoids.
- 2 (1 boy ; 1 girl) for examination under anaesthetic.
- 2 (boys) provided with hearing aids.
- 5 (3 boys ; 2 girls) for observation.
- 6 (4 boys ; 2 girls) treatment not considered necessary.
- 6 (3 boys ; 3 girls) not yet seen.

HEARING AIDS

During 1961, 5 Exeter school children (3 boys, 2 aged 8 yrs., 1 aged 11 yrs. ; and 2 girls aged 4 and 5 years) were provided with hearing aids by the National Health Service. 8 other children (5 boys ; 3 girls) have been provided with hearing aids in previous years. All 13 children, attend ordinary schools in the city and are managing all right.

We have no special classes or units attached to ordinary schools ; no special teachers of the deaf or partially deaf are employed by the authority ; children requiring education in a special school for the deaf attend the Royal School for the Deaf, Exeter, mostly as day pupils, a few as boarders.

Otorrhoea : “ running ear ” was found in 18 children (6 boys ; 12 girls) out of 3,237 examined at periodic medical examinations (i.e. 1 in 180 of those examined) compared with 26 so found in 1960 (1 in 129) ; 7 cases were already having treatment and 4 were referred for treatment, the remaining 7 cases being kept under observation.

46 children (23 from periodic and 23 from special examinations) were referred for treatment of nose and throat defects, whilst a further 246 children were kept under observation,

VISION

The School Eye Service is provided by the West of England Eye Infirmary ; during the year, 952 children were referred by the school medical officers. 269 of them (121 boys, 148 girls) were referred for the first time and spectacles were prescribed for 168 of these (82 boys ; 86 girls). The ordinary visual standard for reference is 6/12 in either eye unaided. There is no delay in securing spectacles for school children but as in previous years, very considerable effort is needed to secure a satisfactory response by some children and parents. The age groups of the 269 children referred to the Eye Infirmary for the first time is set out below.

Year of birth	Number referred	Number prescribed glasses
1958, 1957 & 1956	21	7
1955	22	17
1954	20	12
1953	54	31
1952	40	21
1951	22	16
1950	14	7
1949	15	12
1948	24	19
1947	20	15
1946 & earlier	17	11
Total	269	168

During the year 337 (153 boys ; 184 girls) of all the children examined at school (including special and re-exams) were noted as attending private opticians, including 24 children who were prescribed glasses for the first time. The following table shew the schools these children attended :—

SCHOOLS	Boys	Girls	Total
Infant	3	2	5
Junior	25	23	48
Secondary Modern	47	89	136
Grammar	78	70	148
TOTAL	153	184	337

From the beginning of the Autumn term arrangements were made for children in the following age groups to have vision tests at school by the school nurses :—

On entry to school (during periodic medical inspection)	at 5 years
On entry to the junior school	at 7 years
During the last year in the junior school—also boys colour vision tests	at 10 years
During the second year in secondary school	at 12 years
During the third year in secondary school (during periodic medical inspection)	at 13 years
During the last year in the secondary school	at 14 years
During the sixth year in the grammar school	at 16 years

SQUINT

During 1961 only 2 new confirmed cases of squint (boys) were found in children attending our schools and referred to the West of England Eye Infirmary. In addition 21 children (9 boys ; 12 girls) were seen at medical inspections during the year because of squint ; all of them were already under specialist supervision.

COLOUR VISION

During 1961, the nurses tested 686 children (all boys), mainly 12 year olds, by Ishihara plates ; 54 were considered to have defective colour vision. The Deputy Principal School Medical Officer using the Giles Archer Lantern test, tested 43 children ; 9 failed to attend and 2 left school before the tests could be carried out. 1 of the 3 boys remaining from 1960 was tested in 1961 and found to be safe ; 1 boy again failed to keep appointments and 1 has now left school.

The tables below set out the results of the tests :—

COLOUR VISION

ISHIHARA TEST RESULTS (in 1961)						<i>Boys</i>	
No. examined ....	....	....	....	....	....	686	
No. found to have defective colour vision ....	....	....	....	....	....	54	(7.9%)
Giles Archer Lantern Test Results :							
Inconsistent ....	....	....	....	....	....	14	
Green Defective ....	....	....	....	....	....	12	
Partially Green ....	....	....	....	....	....	2	
Red-Green ....	....	....	....	....	....	11	
Green-Blue ....	....	....	....	....	....	3	
Normal ....	....	....	....	....	....	1	
Total						43	

A report on the result of the Giles Archer Lantern test is sent to the headmaster in respect of every boy tested by this method in order that he can advise in regard to occupations unsuitable for boys with colour defective vision. The headmasters have been supplied with a list of these occupations and a copy of this is shewn in Appendix I.

COLOUR VISION — RESULTS OF TESTS USING GILES-ARCHER LANTERN

YEAR	TESTED BY ISHIHARA PLATES		FOUNO DEFECTIVE		GILES-ARCHER LANTERN TEST R.A.F. STANOARO				NOT TESTED				TOTAL
					SAFE		UNSAFE		LEFT SCHOOL		FAILED TO ATTEND		
					B.	G.	B.	G.	B.	G.	B.	G.	
1955	806	455	54	2	22	—	32	2	—	—	—	—	56
1956	926	885	53	1	24	—	29	—	—	1	—	—	54
1957	714	433	38	2	22	1	15	1	1	—	—	—	40
1958	570	471	35	3	28	3	4	—	3	—	—	—	38
1959	783	—	40	—	24	—	13	—	1	—	2	—	40
1960	720	—	36	—	17	—	15	—	3	—	1	—	36
1961	686	—	54	—	22	—	21	—	2	—	9	—	54
TOTAL 1955-61	5,205	2,244	310	8	159	4	129	3	10	1	12	—	318

The proportion of the boys tested who proved to have “unsafe” colour vision by the Royal Air Force standard during the period 1955-1961 was 2.5%.

OPERATIVE TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS

130 children (69 boys ; 61 girls) in maintained schools were known to us to have had their adenoids and/or tonsils removed in 1961, i.e. 1.2% of the school population - no marked variation from recent annual figures.

TONSIL AND/OR ADENOID OPERATIONS, 1961

Age at Operation	Boys	Girls	1961 Total	1960 Total
5 years and under	6	4	10	5
6 „	19	12	31	27
7 „	15	11	26	32
8 „	8	7	15	20
9 „	8	5	13	10
10 „	4	5	9	13
11 „	4	10	14	2
12 „	—	3	3	6
13 „	2	1	3	5
14 „	1	2	3	—
15 „	2	1	3	—
TOTAL ..	69	61	130	120

YEAR ENDING 31st DECEMBER, 1961
REPORT OF THE PRINCIPAL DENTAL OFFICER

(A. Pryor, L.D.S., R.C.S., (Eng.))

Mr. J. C. Lawson, L.D.S., R.C.S., resigned his appointment as principal dental officer with effect from 28th February, 1961.

I succeeded him, taking up the appointment on 1st July, 1961. Miss R. M. Morrison-Gill, L.D.S., assistant school dental officer, returned to full-time duty (except for one session per week) in May, 1961; previously she had been working 6/10th full-time from the beginning of the year. For 16 weeks a private dental practitioner worked one session per week in the central clinic.

The school dental service in the city, having been understaffed for a considerable part of the year, is now back to establishment. Exeter is thus unusual among local authorities in possessing a full complement of dental officers.

Dr. N. G. P. Butler, consultant anaesthetist, continues to contribute his services to our weekly anaesthetic sessions. Dr. Butler has, during the year, introduced as a routine measure nitrous oxide/oxygen anaesthesia using the high oxygen content of twenty per cent. This has greatly increased the safety factor and reduced the recovery times in these anaesthetic cases.

Mr. R. B. Mycock, L.D.S., assistant school dental officer, has also administered a large number of general anaesthetics in our dental clinics.

Mr. Maurice Burley, consultant orthodontist, now attends regularly to give us the benefit of his experience in our more complicated orthodontic cases.

Upon commencing duty in July, I made a point of introducing myself to all the head teachers in the City's schools, finding the liaison greatly appreciated. I must express my thanks to these head teachers and their staffs for their helpfulness during the past year.

My own staff also merit commendation for their hard and conscientious work throughout the year.

The state of the children's teeth, in general, in this city is very good. There are, of course, always the exceptions. But I would say, from experience elsewhere, that it is better than that obtaining in a great many areas. When children are noted, on inspection, as requiring fillings, almost invariably the amount of decay is small. Regular annual dental inspections of all schools take place, and some children are now receiving two dental inspections per year.

Dental Inspections.

The number of children inspected in school was 10,262. All the children in the local authority schools were inspected. A further 709 presented themselves as "specials." Also 36 children

in the Health Committee's Junior Training Centre, Hollow Lane were examined; 25 were found to require treatment. (These figures are not included in the table).

As shown in the following table approximately 41% of all the children examined in school, were found to have a satisfactory dentition.

Age Distribution of Children Inspected and Referred.

Age in years.	Udr.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ...	26	598	842	897	911	879	868	1045	1013	1054	1077	698	202	121	31	10,262
No. referred for treatment ...	12	402	539	611	582	531	490	570	550	575	588	394	123	62	21	6,050

Treatment

The number of teeth filled again showed an increase this year by 902, from 5,966 in 1960 to 6,868 in 1961.

Among the "other operations" listed in Table V, 243 children had their teeth scaled, 453 were treated with silver nitrate, and 444 x-rays were taken.

Orthodontia

Children considered suitable continue to receive this treatment. 63 new cases were commenced during the year. At the beginning of the year 237 cases were being treated, and 24 were completed or discontinued during the year, leaving 276 still under treatment at the end of 1961.

Dental Clinics	Attendances		
	1959	1960	1961
Central Clinic, 1a Southernhay West	4,800	3,648	3,596
Whipton Health Clinic	2,012	2,393	2,319
St. Thomas Clinic	2,307	2,325	3,346
TOTALS	9,119	8,366	9,261

CLEANLINESS

In 1961 the state of cleanliness of children's hair (nits or vermin) shewed a substantial improvement. The number of cleanliness examinations was slightly smaller than last year, (15,786 in 1961; 16,037 in 1960). Routine head inspections at the schools were carried out on the same basis as that described in my 1960 report. Only 85 children (10 boys; 75 girls) were found unclean compared with 117 children (24 boys; 93 girls) in 1960. The overall rate for 1961 was 0.76% (1.4% among the girls and 0.2% among the boys) compared with an overall rate of

1% in 1960 and 1.8% in 1959. We continue to use, with satisfactory results the scented Lorexane shampoo, as described in my report for 1959.

TABLE SHOWING INDIVIDUAL CASES OF UNCLEAN HEADS FOUND IN 1961, BY AGE GROUPS.

AGE (at 31.12.61)	HEADS FOUND UNCLEAN					
	TABLE A.				TABLE B. No. of Children in Table A. also found Unclean in 1960	
	ONCE ONLY		MORE THAN ONCE		Boys	Girls
	Boys	Girls	Boys	Girls		
Under 5 years	1	1	1	—	—	—
5	—	4	—	—	—	—
6	2	7	—	5	—	2
7	2	2	—	1	1	—
8	—	6	1	2	—	3
9	—	8	—	1	—	1
10	1	7	—	1	1	3
11	1	7	—	1	—	2
12	1	7	—	1	1	1
13	—	3	—	2	—	2
14 and over	—	8	—	1	—	2
TOTAL	8	60	2	15	3	16

SCHOOL CLINICS

The location of the school clinics and the attendances were as follows :

	<i>Minor Ailments— Attendances</i>		
	1959	1960	1961
Central Clinic, 1a Southernhay West	791	688	623
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road	2,429	2,513	2,669
Northern Clinic, Whipton Infants School (Closed November, 1960)	1,399	488	Closed 1960
Stoke Hill Clinic (Closed July, 1960)	925	225	Closed 1960
TOTALS	5,544	3,914	3,292

Although clearly attendances for minor ailment treatment are declining steadily, the centre in Shakespeare Road continues to serve a very useful purpose and is, in fact, the only clinic in the city, primarily for the treatment of minor ailments, although for convenience, examinations re fitness for part-time employment in respect of girls attending a nearby school are also carried out there. This clinic closes during school holidays but the Central Clinic remains open. The Central Clinic is a minor ailment and consultation clinic ; additionally examinations for superannuation, for fitness for part-time employment, and for teachers' training college admissions are also carried out there.

TABLE SHOWING THE INCIDENCE OF " MINOR AILMENTS "
TREATED DURING 1961 IN CLINICS.

DEFECT	Central	Eastern	GRAND TOTAL 1961	GRAND TOTAL 1960
Ringworm : Scalp	—	—	—	—
Body	2	1	3	1
Eye Defects	28	77	105	96
Ear Defects—(including wax, otorrhea, etc.)	43	58	101	75
Nose and Throat Defects	8	39	47	22
Impetigo	13	11	24	22
Warts : Plantar	49	33	82	89
Other	13	20	33	74
Other skin conditions	66	73	139	167
Minor Injuries	72	175	247	243
Miscellaneous	25	278	303	424
Total No. of individual children	319	765	1,084	1,213
Total No. of attendances	623	2,669	3,292	3,914
Total No. of sessions	255	206	461	667

When a child has been treated at the one time for more than one defect the more important has been listed.

**TABLE SHEWING THE NUMBER OF HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
20th JANUARY 1962.**

DISABILITY	Total No. of children classified as handi- capped as at 20-1-62	SPECIAL SCHOOL OR HOME	RESID.		NON RESID.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	2	Royal Normal School for the Blind, Shrewsbury Royal School of Industry for the Blind, Bristol	1 1	— —	— —	— —	2	} —
PARTIALLY SIGHTED	7	West of England School for the Partially Sighted, Exeter	—	—	3	4	7	—
PARTIALLY DEAF	31	Summerfield Hse. Sch., Malvern Royal West of England School for the Deaf, Exeter	1 1	— 1	— 9	— 6	18	} —
PHYSICALLY HANDICAPPED	30	Dame Hannah Rogers Sch. for Spastics, Ivy- bridge Heathlands Rise, Teign- mouth Bruce Porter Hse. School, Kent	4 — —	2 1 1	— — —	— — —	8	} 1
EPILEPTIC	35		—	—	—	—	—	—
EDUCA- TIONALLY SUBNORMAL	113	St. Christopher's School, Bristol Bradfield Special School, Devon Maristow Hse. Sch., Nr. Plymouth Withycombe Hse. Special Sch., Exmouth, Devon Heathercombe Brake School, Manaton Pitt House, Chudleigh Pitt House, Torquay Spring Hill School, Ripon	2 — — — — 1 3 5 1	— — 1 10 — — — 1	— — 1 — — — — —	— — — — — — — —	25	} 35*
DELICATE	54	Heathercombe Brake Sch., Manaton, Devon Pilgrim's School, Sussex Heathlands Rise, Teign- mouth	2 1 —	— — 1	— — —	— — —	4	} —
MALADJUSTED	89	Heathlands Rise, Teign- mouth Knowles Hill Sch., New- ton Abbot The Gables Hostel, Willand, Devon Crichel Hostel, Totnes Muntham House School, Kent	— — 1 1 1	2 1 2 — —	— — — — —	— — — — —	8	} —
DEFECTIVE SPEECH	113		—	—	—	—	—	—
TOTAL	474		26	23	13	10	72	36

*31 of these children recommended admission to a Day Special School.

HANDICAPPED PUPILS

Intelligence Quotients of the 113 Children classified as Educationally Sub-normal

	Boys					GIRLS					
	Under 50	51-60	61-70	71-80	Over 81	TOTAL	51-60	61-70	71-80	Over 81	TOTAL
Attend Residential Special Schools	1	3*	6	3	—	13	5	4	2	1	12
Recommended Day Special Schools but Attend Ordinary Schools	—	4	5	3	—	12	3	9	6	—	18
Attend Ordinary School	—	—	7	15	3	25	1	7	24	1	33

*One boy attends as a day pupil.

Educationally Sub-normal Pupils

During the year 52 children (21 boys, 31 girls) were examined by the school medical officers in regard to educational subnormality and mental development. Many of them had already been examined by the educational psychologist. The following recommendations were made:

RECOMMENDATION	Boys			GIRLS			TOTAL	REMARKS
	Inf.	Jnr.	Snr.	Inf.	Jnr.	Snr.		
Not Classified as E.S.N.	—	—	1	—	2	1	4	
SECTION 34 : Special education in an ordinary school.	—	4	—	—	3	1	8	
Education in a special residential school.	1	1	—	1	1	1	5	2 (1 boy, 1 girl) placed in special residential schools ; 3 (1 boy, 2 girls) awaiting vacancies.
SECTION 57 (3) : Permanently excluded from school.	—	—	—	1	—	—	1	Admitted to the Junior Training Centre.
SECTION 57 (5) : Reported to Health Services Committee for Care and Guidance on Leaving School.	—	—	3	—	—	7	10	
Not considered to require Care and Guidance on leaving school.	—	—	11	—	—	13	24	
	1	5	15	2	6	23	52	
	21			31				

Every summer term the medical officers and head teachers discuss the present educational attainments of all the children classified in previous years as educationally sub-normal; as a result of these discussions 13 children (10 boys and 3 girls) so classified were re-examined and their names removed from the list of educationally sub-normal children.

E.S.N. Day Special School

The building of this school, to provide 160 places (60 for county children) which had been approved by the Ministry of Education for inclusion in our 1962/63 programme, has been postponed, by the direction of the Finance Co-ordinating Committee because of economies made to keep down the local rates. This is a great disappointment as our existing provision for the educational treatment of these children is not adequate.

Adjustment Classes

The number of these classes (10) remained unchanged during the year and it can be expected when the new day special school for educationally subnormal children is built, the combination of these two special educational systems will provide most Exeter school children with the special teaching facilities they need.

EPILEPTICS

We had 35 children classified as suffering from epilepsy, compared with 32 in 1960. 33 (18 boys and 15 girls) attend ordinary schools in the city: 2 children who are known epileptics attend residential special schools on account of other defects—1 boy aged 13 years (spastic hemiplegia)—and 1 girl aged 12 years (educationally subnormal). 8 new cases (5 boys and 3 girls) were reported during the year. As indicated in previous reports, minimum restrictions are placed on the activities of all these children: high gymnastic work and swimming in school parties are, however, barred.

Sex	Total	AGE				EPILEPSY			Have had Hospital Investigation	Satisfactory Medication
		5-7	7-11	11-15	Ov'r 15	Min'r	Maj'r	Both minor and major		
Boys	19	2	9	7	1	3	15	—	19	19
Girls	16	1	8	6	1	6	9	1	16	16

INTELLIGENCE QUOTIENT					
	50-60	61-70	71-85	86 and over	Apparently not retarded
Boys	—	—	2	2	15
Girls	1	—	—	1	14

PHYSICALLY HANDICAPPED CHILDREN

At the end of the year, there were 30 physically handicapped children known to the department : (38 in 1960). There was 1 new case during the year—1 (girl) with meningo myelocoele. The age grouping, sex distribution, mode of education, ability to play games and take part in ordinary physical exercises of these handicapped children are set out in the table :—

HANDICAP	SEX		AGE GROUP				EDUCATION				Able to take P.T. and Games		
	Boys	Girls	Under School Age	Infants	Jrs.	Srs.	Not at School	In Res. Special School	In Ordinary School	Home Tuition	Nil.	Mod.	Full
1. Cerebral Palsy ...	7	5	—	31	4	3	—	9	3	—	7	5	—
2. Heart : Congenital ...	—	2	—	—	2	—	—	—	2	—	1	1	—
3. T.B. Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Poliomyelitis Sequelae ...	1	4	—	—	2	3	—	—	5	—	4	1	—
5. Other Congenital Defects ...	3	7	—	2	5	3	—	2	7	1	7	2	1
6. Miscellaneous ...	—	1	—	—	—	1	—	—	1	—	—	1	—
TOTAL ...	11	19	—	5	13	12	—	11	18	1	19	10	1

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION — MINISTRY OF EDUCATION CIRCULAR 249

In accordance with instructions contained in the above Circular, 51 students (31 men and 20 women) and 12 teachers (7 men and 5 women) had complete medical examinations with radiographic examinations during the year in regard to their fitness for the teaching profession. All reports were satisfactory.

Chest X-Rays of Teaching Staff and Other School Staff

There is at present no nationally accepted standard indicating the desirable frequency of chest x-rays for school staff ; I consider that school staff, especially the younger members, up to say, 30 years old and the older ones, say, over 50 years old and all canteen staff, should have an x-ray of chest every 2 to 3 years. Towards the end of the year, the teaching and other school staff at all the local education authority's schools and independent schools in the city were invited to attend special sessions for chest x-ray by the MMR Unit. 242 members of staff of these schools (144 from L.E.A. schools and 98 from independent schools) signified their intention to attend ; a reasonably satisfactory response.

TUITION IN HOSPITALS

The Local Education Authority have continued to provide educational facilities in the two main general hospitals in the city. During the year, 88 children received education whilst in-patients at these hospitals (including 27 Exeter children, 57 Devon County children and 4 children from other areas). Two Exeter and five Devon County children were receiving education in hospital on or about 20th January, 1962. The total cost of this service for Exeter children for the financial year ended 31.3.61 was £269.

Additionally there are Hospital Special Schools in the Princess Elizabeth Orthopaedic Hospital and Angela Home staffed by The Devonian Orthopaedic Association (7 Exeter children attending as at 20.1.62) and also Honeylands Children's Sanatorium staffed by this authority (8 Exeter children attending as at 20.1.62).

HOME TUITION

During the year, 10 new cases and 2 cases continuing from last year received home tuition arranged by the authority under Section 56 of the Education Act, 1944.

New Cases : (10)

Rheumatic conditions (3 boys, 2 girls) ; Acute Nephritis (2 boys) ;
Chest conditions (2 girls) ; Epilepsy (1 boy).

With the exception of one boy (acute rheumatism) all these children were able to resume normal schooling after a period of home tuition.

Old Cases : (2)

Congenital Hydrocephalus—(1 boy—home tuition continued throughout the year—also has part-time schooling) ; Spina Bifida—(1 girl—home tuition continued throughout the year).

The total cost of this service for the financial year ended 31.3.61 was £896.

TRANSPORT

Transport for ambulant handicapped children attending schools in the city continued during 1961. It was provided for 7 new cases (6 boys, 1 girl) during the year ; in addition, 4 children (2 boys, 2 girls) from 1960 continued to have special transport during 1961 ; 6 children still had it at the year end (spastics (1), poliomyelitis sequelae (1), congenital defects (1), muscular dystrophy (1), partially deaf (1) and multiple arthritis (1).)

CHILD GUIDANCE REPORT FOR 1961

(Report by Dr. H. S. Gaussen, Psychiatrist-in-charge).

The clinic's work during the year has continued at about the same level of activity. Children are referred, treated, and pass on their way through school. Often we hear of their further progress, or lack of it, by our contacts with teachers, and we try, as far as possible, to get news of their careers.

One group of cases which have aroused interest, and even newspaper comment, are those children who suffer from "school phobia." These cases are almost bound to be referred back if, once more, they refuse to go to school. They provide very striking examples of mental and nervous illnesses in childhood.

In 1961, five cases were attending the clinic because of school phobia. Three of them were new cases. Their ages ranged from 6 to 16 years, i.e. 16, 13, 12, 12, and 6. One, who is a very old, long case, was at a boarding school, three at girls' secondary modern schools and one at an infants' school. There was no associated delinquency. They all had other signs and symptoms of emotional disturbance. Of these five, one has been at a boarding school for six years, his presenting symptom was school phobia ; one has been under treatment 18 months, and goes to school ; one had a month's treatment, and two returned to school after diagnostic and investigatory interviews. All cases got back to school.

School phobia has to be differentiated from truanting—the two conditions overlap, but in the former, there are many elements of neurosis, or even mental illness, whilst in the latter, delinquent traits predominate. In our cases, we have seen school phobia as the presenting symptom in a wide variety of diseases, and conditions, such as depression, obsessional neurosis, physical illness, a broken home, a mentally deranged father, educational subnormality. When a child will not go to school, the first essential is investigation and quick action to ensure return before

the symptom has crystallized. Often the child can be reassured, or some passing trouble resolved, but unfortunately, there is a hard core of cases where only long and patient treatment will avail. Such cases may be recognised by the severity of the fears experienced by the child, by the wild irrational clinging to the home and mother, by the child's success in, and real liking for school when there, by the constitutional disturbance, (loss of sleep, of appetite, of colour, of happiness) and by the parents' complete inability to deal with the situation. Mornings are a nightmare of tears and apprehension—once the time for school is past, recovery is rapid and it is difficult to credit the agony and distress which started the day. The fear is not of school in itself—it is the fear of separation from the mother which lies at the root of the problem. Such children are sensitive and intelligent, but immature. Often over-protected, or pampered, only children, they have been the centre of solicitude, or suffered for years from over-doctoring. The mother, too, is involved, she has been unable to give her child independence, or to take on the full mother role. The parents lack authority and cohesion, their children are insecure and "turned-in" on themselves. Nervous breakdowns are common and, indeed, a school phobia can be seen as a breakdown, or retreat, in the process of growing up.

Only too often the clinic is called in as a last resort—when all else has failed. We have to gain, then, the confidence of child and parent—to determine the causes of the failure and to apply what remedies we can so that the normal wish to learn and to be with others is restored to the child. In these severe cases, the mother and the child attend together—the child to play and form a new relationship, the mother to discuss her problems in being a mother, and her difficulties in handling this particular child. In the play situation, in painting or modelling, or just talking, the child will gain insight, into his or her feelings, and confidence from an adult who is not involved, but who does understand. In her discussion with doctor or social worker, the mother will come to see how she has contributed to her child's fears, how she has held him back, or transmitted her own fears of school and growing-up on to her offspring.

This form of treatment is long and involved, not always successful, but it does mean that the natural forces of growth are re-established and the family will learn lessons about themselves which are not easily forgotten. Without such treatment the school phobic child goes on to become the neurotic adult, pursued by fears and anxieties, a refugee from life.

CHILD GUIDANCE CENTRE— STATISTICAL RETURN FOR 1961

TABLE A

1.	Number of cases on the books on 31st December, 1960	81
2.	Number of cases awaiting investigation on 31st December, 1960	5

3.	Number of cases investigated but awaiting treatment on 31st December, 1960	....	....	....	....	12
4.	Number of new cases referred during 1961	....	....	....	....	68
	<i>Source of Reference :</i>					
	(a) Juvenile Court and Probation Officers	....	....	....	....	—
	(b) School Medical Officers	....	....	....	....	11
	(c) Doctors	....	....	....	....	9
	(d) Head Teachers	....	....	....	....	24
	(e) Parents	....	....	....	....	8
	(f) Others	....	....	....	....	16
5.	Number of old cases re-opened during 1961	....	....	....	....	3
	1 case was re-opened at the request of the probation officer					
	1 case was re-opened at the request of the mother					
	1 case was re-opened at the request of the headmaster					
6.	Number of new cases investigated during 1961	....	....	....	....	68
7.	Number of other cases investigated during 1961	....	....	....	....	6
	<i>Summary of recommendations :</i>					
	Diagnosis and advice only needed	....	....	....	....	10
	Periodic survey and superficial treatment	....	....	....	....	10
	Residential placement advised	....	....	....	....	—
	Immediate long term treatment by Psychiatrist	....	....	....	....	21
	Immediate long term treatment by Psychologist	....	....	....	....	10
	Immediate long term treatment by Psychotherapist	....	....	....	....	10
	Immediate long term treatment by Psychiatric Social Worker	....	....	....	....	—
	Placed on treatment waiting list	....	....	....	....	13
8.	Number of cases treated for the first time during 1961	....	....	....	....	51
9.	Total number of children seen during 1961	....	....	....	....	153
10.	Total number of attendances during 1961	....	....	....	....	962
*11.	Total number of cases discharged during the year	....	....	....	....	63
	<i>Reason for Discharge :</i>					
	(a) Treatment completed (see below)	....	....	....	....	36
	Much Improved	....	....	....	....	28
	Satisfactory	....	....	....	....	—
	Improved	....	....	....	....	7
	No change	....	....	....	....	1
	Worse	....	....	....	....	—
	(b) Unsuitable for treatment	....	....	....	....	—
	(c) Defaulted	....	....	....	....	1
	(d) Left city	....	....	....	....	5
	(e) Other reasons	....	....	....	....	21
12.	Number of cases remaining on the books on 31/12/61	....	....	....	....	89
13.	Number of new cases awaiting investigation on 31/12/61	....	....	....	....	1
14.	Number of new cases investigated but awaiting treatment on 31/12/61	....	....	....	....	13

*N.B.—1 case included in 11 above was closed whilst awaiting or before investigation was completed.

16 cases included in 11 above closed after investigation while awaiting treatment.

TABLE B

Total number of sessions :

Psychiatrist	....	....	....	....	(4 per week)
Psychologist	....	....	....	....	(4 per week)
Psycho-therapist	....	....	....	....	(2 per week)
Psychiatric Social Worker	....	....	....	....	(full time)

INTERVIEWS :

PSYCHIATRIC.

(i) Diagnostic	....	....	....	....	75
(ii) Parents and others	....	....	....	....	282
(iii) Remedial treatment	....	....	....	....	347
(iv) Home Visits	....	....	....	....	1
(v) Other Visits	....	....	....	....	10

PSYCHOLOGIST

(i) Diagnostic and testing	....	....	....	....	64
(ii) Parents and others	....	....	....	....	131
(iii) Remedial treatment	....	....	....	....	211
(iv) Visits :					
(a) To school visits (re C.G. cases only)	....				50
(b) Home Visits	....	....	....	....	—
(c) Other Visits	....	....	....	....	3

It is customary for the Psychologist when visiting any school for educational purposes, to enquire briefly after all Child Guidance cases in the school.

PSYCHO-THERAPIST.

(i) Parents and others	....	....	....	....	27
(ii) Remedial treatment	....	....	....	....	267

PSYCHIATRIC SOCIAL WORKER.

(i) Therapeutic interviews at Centre	....	....	....	....	684
(ii) Remedial treatment	....	....	....	....	16
(iii) Visits	....	....	....	....	135
(a) First Visits to homes	....	....	....	....	48
(b) Subsequent Visits to homes	....	....	....	....	87
(iv) Other Visits	....	....	....	....	10
(v) Interviews with other Social Workers	....	....	....	....	29

CHILDREN UNDER TREATMENT ON 31/12/61.

Regular treatment by Psychiatrist	....	....	....	....	14
Regular treatment by Psychologist	....	....	....	....	15
Regular treatment by Psycho-therapist	....	....	....	....	13
Regular treatment by Psychiatric Social Worker	....	....	....	....	—
Treatment waiting list	....	....	....	....	4
Superficial treatment by Psychiatrist	....	....	....	....	13
Superficial treatment by Psychologist	....	....	....	....	6
Superficial treatment by Psycho-therapist	....	....	....	....	1
Survey whilst residentially placed	....	....	....	....	7
Kept open, but no active treatment at present	....	....	....	....	2

SPEECH THERAPY REPORT

(Report by Miss I. W. Hastings, L.C.S.T.)

During the seven months from June 1961 when the speech clinic was re-opened after a five months gap there have been many threads to pick up and many contacts to make.

I have visited all the schools in the city, and personal contact has been made with all the head teachers, who have proved most co-operative and helpful.

The child guidance team have welcomed me most warmly and I have greatly appreciated their help and co-operation in the many aspects where our professions seem to run parallel, and I have been pleased to accept patients referred by the members of the team. One stammerer referred, has greatly improved, and has adjusted well to the change in his speech. In this case, as in many others, as self confidence and the power of concentration grew, and speech became more objective, there was a marked improvement in his school work.

There has, of necessity, been some re-organisation of certain clinics to meet the back-log of work which had accumulated during the gap of five months in the treatment of all cases, and as speech therapy must be long-term treatment in most cases, there is a resultant waiting list which is mounting.

Some home visiting has been done, but not to the extent which I should wish : in all cases where the parents have visited the clinic, good relationships have been formed ; the interest thus aroused in the home circle has greatly helped most of the patients not only in the mechanics of speech but psychologically also, when the parents understand the particular difficulties the children have to face and are prepared to help and encourage them in the task of attaining normal speech and a normal attitude towards speech. In this context time is well spent on taking a full case history and in assessing the parent-child relationship, the atmosphere of the home and the stage of socialisation the child has reached ; also in assessing other levels of attainment as against the development of speech. In adjusting a child's speech, it is necessary to adjust the child to his or her natural environment, and in so doing it is essential that the parents and other members of the family should also adjust to the changes in the child.

The health visitors have been very helpful and their co-operation greatly valued. The staff of the school health department have done much to help the smooth working of the clinics. However, all this valued co-operation would have been of little use, had I not had the support of the medical officers, which has been a great encouragement, and their interest an inspiration.

Analysis of the cases treated during the year and their progress:

DEFECT	Having treatment 1.1.61	Admitted during 1961	Total No. Treated	DISCHARGED		STILL ON LIST				Remaining under care 31-12-61
				Cured	Left before treatment completed	Under observation	Regular Attendance	Improved	No change	
Stammering	25	6	31	2	—	15	14	14	15	29
Simple Dyslalia	9	4	13	—	—	6	7	11	2	13
Multiple Dyslalia	31	9	40	1	—	24	15	25	14	39
General Dyslalia	10	8	18	—	—	7	11	13	5	18
Language Defects	2	4	6	—	—	3	3	2	4	6
Dysarthria	1	1	2	—	—	1	1	2	—	2
Cleft Palate	5	—	5	—	—	3	2	4	1	5
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—
Alalia	—	1	1	—	—	—	1	1	—	1
TOTALS	83	33	116	3	—	59	54	72	41	113

No. of children on waiting list at 31.12.61 = 25

Analysis of the cases treated during the year (Grouped by age, sex and defect).

DEFECT	Total treated.	PRE-SCHOOL		INFANTS		JUNIOR		SENIOR		Severely handicapped children not at school	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	31	—	—	4	1	12	—	13	1	—	—
Simple Dyslalia	13	—	—	4	1	5	3	—	—	—	—
Multiple Dyslalia	40	1	1	8	8	18	1	3	—	—	—
General Dyslalia	18	2	—	6	4	1	3	—	—	1*	1*
Language Defects	6	—	—	2	—	1	—	1	1	1*	—
Dysarthria	2	—	—	—	—	—	—	1	—	1*	—
Cleft Palate	5	1	—	—	—	—	3	1	—	—	—
Hyper-rhinophonia	—	—	—	—	—	—	—	—	—	—	—
Alalia	1	—	—	1	—	—	—	—	—	—	—
TOTALS	116	4	1	25	14	37	10	19	2	3*	1*

*These 4 children all attend the Council's Junior Training Centre for Severely Retarded Children. In Dyslalia one sound is substituted for another ; In Dysarthria there is difficulty in articulation ; In Hyper-rhinophonia the speech is excessively nasal.

TUBERCULOSIS

School Children (5-15 years of age) suffering from Tuberculosis whether in Maintained or Independent Schools.

On Register as at 1st January, 1961.

	Pulmonary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained primary and secondary schools	20	13	—	1	2	1	—	—	—	—	22	15
Attending special schools	2	2	—	—	—	—	—	—	—	—	2	2
Attending independent schools	—	1	—	—	—	—	1	—	—	—	1	1
TOTALS	22	16	—	1	2	1	1	—	—	—	25	18

Changes during 1961.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1961	3	1	—	—	—	—	—	—	—	—	3	1
Inward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Notified children reaching school age during the year	—	3	—	—	—	—	—	—	—	—	—	3
TOTALS	3	4	—	—	—	—	—	—	—	—	3	4
Cases leaving school during the year	—	—	—	—	—	—	—	—	—	—	—	—
Outward transfer	—	—	—	—	—	—	—	—	—	—	—	—
Cases removed from register (Recovered)	4	3*	—	1	1	—	—	—	—	—	5	4
TOTALS	4	3	—	1	1	—	—	—	—	—	5	4

*Including one mistaken diagnosis.

On Register at 31st December, 1961.

	Pulmon-ary		Bones & Joints		Cervical Glands		Meninges		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	19	14	—	—	1	1	—	—	—	—	20	15
Attending special schools	2	2	—	—	—	—	—	—	—	—	2	2
Attending independent schools	—	1	—	—	—	—	1	—	—	—	1	1
TOTALS	21	17	—	—	1	1	1	—	—	—	23	18

Register

The number of school children on the tuberculosis register shows a reduction of two non-respiratory cases ; the number of respiratory cases remains the same.

New Notifications

There were four new cases of respiratory tuberculosis found amongst school children (three in each of the three preceding years).

One girl aged 6 years, sputum negative, was referred by the family doctor for observation and was found to be suffering from respiratory tuberculosis.

Two boys, aged 7 and 9 years respectively ; were found as a direct result of contact follow-up procedure, both were sputum negative.

One boy, aged 15 years was already under observation as a contact of a known case and found to be sputum positive.

All four cases were admitted to a tuberculosis hospital for treatment.

No school children were notified as non-respiratory cases during 1961.

Deaths

There were no deaths of school children from tuberculosis during the year.

Contact Tracing

The school contacts of the 15 year old boy (sputum positive) had been Heaf-tested just prior to his notification. The school staff and his outside school contacts however, were x-rayed by the mass radiography unit but no further cases were found.

10 boys and 17 girls were referred to the chest clinic as having strongly positive reactions after skin testing during the survey of 13 year old school children re B.C.G. vaccination. No cases or suspected cases were found.

The boy referred to as a suspected case in my last year's report, left school at the end of 1960. He was notified as a case of respiratory tuberculosis early in 1961 and admitted to hospital for treatment ; he was sputum negative.

1961 B.C.G. VACCINATION

MINISTRY OF HEALTH CIRCULARS 22/53, 7/59 and 6/61

Except for the grammar schools, these vaccinations were carried out in the Autumn term during the 13 year olds' periodic medical inspections at the schools ; to suit the convenience of the schools, pupils at Hele's and Bishop Blackall Grammar Schools will be tested in the Lent term (1962) during their 13 year old periodic medical inspection.

Parental consent was received for 1,015 (86%) of the 1,174 thirteen year old children (excluding Hele's and Bishop Blackall Grammar Schools) eligible for the test. 974 were given a tuberculin test, 8 were not tested because already under observation and 33 were twice absent when the tests were given. Of the 974 tested 90 (9%) were tuberculin positive, and 884 were negative, 882 of these latter were given B.C.G. vaccination. We used mostly the freeze-dried vaccine.

In addition to these thirteen year old children, 32 older children were tested and of these, 3 had tuberculin positive reaction and 29 were negative ; all 29 were given B.C.G. vaccination.

All the tuberculin positive children, were offered appointments for chest x-ray, 86 attended the Mass Miniature Radiography Unit and were found satisfactory.

The following table sets out the details in respect of the thirteen year old children only :

TABLE A.

**SUMMARY OF SURVEY OF CHILDREN BORN BETWEEN 1.9.47 AND 31.8.48
ATTENDING EXETER SCHOOLS, 1961.**
(and comparison with previous years 1954—1960).

**Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test
and P.P.D. Tuberculin.**

SCHOOLS		No. of CONSENT FORMS sent out	No. Accepted all the tests	Referred to Chest Physician	Absent for Test	Actual No. given diagnostic Tuber. Test	RESULT of Tuberculin Test		B.C.G. Vaccination*		IMMEDIATE RESULT of B.C.G. Vaccination			Ulcers Over 10 mms.	M.M.R. X-RAY.† Tuber. Pos. CASES ONLY		
							Pos.	Neg.	Inoc.	Absent	Satis.	Not satis.	Absent		Satis.	Not satis.	Absent
L.E.A. :	Girls	422	376	5	6	365	49	316	315	1	309	—	6	—	46	—	3
	Boys	411	361	2	11	348	20	328	327	1	315	—	11	1	19	—	1
TOTAL L.E.A. SCHOOL CHILDREN		833	757 (88%)	7	17	713 (97%)	69 (9.7%)	644 (90.3%)	642	2	624	—	17	1	65	—	4
INDEPENDENT :	Girls	193	161	1	10	150	9	141	141	—	136	2	3	—	9	—	—
	Boys	148	117	—	6	111	12	99	99	—	96	—	1	2	12	—	—
TOTAL INDEPENDENT SCHOOL CHILDREN		341	278 (81%)	1	16	261 (94%)	21 (8%)	240 (92%)	240	—	232	2	4	2	21	—	—
GRAND TOTAL, 1961		1,174	1,015 (86%)	8	33	974 (96%)	90 (9%)	884 (91%)	882	2	856	2	21	3	86	—	4
GRAND TOTAL, 1960		1,669	1,428 (85.5%)	34	36	1,358 (95%)	149 (11%)	1,209 (89%)	1,199	10	1,176	1	22	3	140	—	3
GRAND TOTAL, 1959		1,092	875 (80%)	26	26	823 (94%)	64 (7.8%)	759 (92.2%)	751	8	734	—	17	10	57	—	7
GRAND TOTAL, 1958		1,223	976 (80%)	29	15	932 (95%)	79 (8.5%)	853 (91.5%)	848	5	823	1	24	—	873	—	65
											Post v acc. tuber. test						
											Pos.	Neg.	Abs.				
GRAND TOTAL, 1957		1,371	1,101 (80%)	16	56	1,029 (93%)	133 (13%)	896 (87%)	891	5	861	1	29	—	860	—	231
GRAND TOTAL, 1956		1,167	912 (78%)	33	28	851 (93%)	158 (19%)	693 (81%)	684	9	664	1	19	1	842	2	18
GRAND TOTAL, 1955		1,091	866 (79%)	23	25	818 (94%)	94 (11%)	724 (89%)	722	2	697	—	25	3	801	1	41
GRAND TOTAL, 1954		1,034	917 (89%)	36	19	862 (94%)	153 (18%)	709 (82%)	701	8	682	1	18	2	844	6	15

* Since 1958 immediate post vaccinal tuberculin testing has not been carried out : normal ulceration and scarring being regarded as evidence of a satisfactory result which is then recorded.

† Since 1959 only the tuberculin positive children have been x-rayed.

TABLE B.
SUMMARY OF TUBERCULOSIS SURVEY OF THOSE CHILDREN (BORN 1947)
WHO WERE GIVEN B.C.G. VACCINATION IN 1960.
Using Heaf's Multiple Puncture Apparatus and P.P.D. Tuberculin or Mantoux Test
and P.P.D. Tuberculin about one year after vaccination.

SCHOOLS	Given B.C.G. in 1960	1961 Accepted Re-Test	Absent for Test	Actually Tested	Tuberculin Test (1961)	
					Positive	Negative
L.E.A. :						
GIRLS	347	341	3	338	330	8
BOYS	372	315	8	307	282	25
TOTAL L.E.A.	719	656 (91%)	11	645	612	33
INDEPENDENT :						
GIRLS	152	139	1	138	129	9
BOYS	128	104	1	103	100	3
TOTAL INDEPENDENT	280	243 (87%)	2	241	229	12
GRAND TOTAL, 1961	999	899 (90%)	13	886	841 (95%)	45
GRAND TOTAL, 1960	751	677 (90%)	10	667	567 (85%)	100
GRAND TOTAL, 1959	848	775 (91%)	13	762	674 (88%)	88
GRAND TOTAL, 1958	891	791 (89%)	20	771	700 (91%)	71
GRAND TOTAL, 1957	684	610 (89%)	39	571	562 (98%)	9
GRAND TOTAL, 1956	722	648 (90%)	17	631	628 (99%)	3
GRAND TOTAL, 1955	701	594 (85%)	11	583	559 (96%)	24

POLIOMYELITIS VACCINATION

During the year, the Ministry of Health introduced fourth injections (circular 15/61) for children between 5 and under 12 years of age. Of 8,306 children eligible in this group we had vaccinated 6,940 (83%) by the end of the year ; a further 2,369 children were given their first injection and 2,060 their second injection during the year. Unexpected difficulties in supply, caused considerable dislocation of the programme.

VACCINATION AGAINST SMALLPOX.

VACCINATION STATE AS OBSERVED DURING COMPLETE EXAMINATIONS IN 1961.

<i>Year of Birth</i>	<i>Vaccinated</i>	<i>Not Vaccinated</i>	<i>Not Known</i>	<i>Total</i>
1957 and later	19	24	4	47
1956	452	368	54	874
1955	58	53	7	118
1954	13	1	—	14
1950	13	7	1	21
1949	173	128	24	325
1948	354	268	53	675
1947	166	75	17	258
1946 and earlier	556	263	86	905
GRAND TOTAL	1,804	1,187	246	3,237

55.7% (in 1960 and 1959 it was 57%) of all school children examined by complete medical examinations during the year were found to have been vaccinated. A child is recorded as vaccinated when a satisfactory scar is observed or when the parents declare the child has been vaccinated against smallpox.

DIPHTHERIA IMMUNISATION IN SCHOOLS

During the year, 464 children were given diphtheria immunisation ' booster ' doses in school.

AGE GROUPS								
5-7 years		8-10 years		11 years and over		Total		Grand Total
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
—	—	—	2	235	227	235	229	464

INFECTIOUS DISEASES

**Incidence of certain infectious diseases other than tuberculosis in
1961 in children (Exeter residents) 5-15 years of age.**

(Corrected for change of diagnosis).

DISEASE	Boys	Girls
Scarlet Fever....	17	19
Whooping Cough	24	25
Measles	138	124
Pneumonia	1	1
*Gastro-enteritis	5	4
Dysentery	83	72
Food Poisoning	4	8
Poliomyelitis (Paralytic)	—	—
(Non-Paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Erysipelas	—	—

*Not notifiable : cases are known to the department by informal notification.

SCABIES

Two cases in 2 families were noted in 1961.

HOSPITAL REPORTS

During 1961, 593 reports were received from local hospital consultants, (479 from the Royal Devon and Exeter Hospital, 97 from the Princess Elizabeth Orthopaedic Hospital and 17 from the City Hospital) about children referred to them through the school medical officers or direct by the child's own doctor. As I have said in previous reports, this information is much appreciated.

DEATHS

I am sorry to have to report the deaths of 2 Exeter children (1 boy ; 1 girl) aged 5-15 years during 1961, a rate of 0.16 per thousand ; the rate in the country as a whole was approximately 0.45 per thousand in this group. (In 1960 we had 5 deaths in this age group).

The causes of death were :—

Accidental (1)—fell from a tree—boy aged 9 years.

Leukaemia (1)—girl aged 14 years.

SCHOOL MEALS AND MILK REPORT, 1961

I am indebted to the Director of Education and the School Meals Organiser for this information :—

In January two new kitchens were opened at Beacon Heath J.M. & I. School and St. James Girls' S.M. School respectively.

(Previously meals were supplied to these schools by Ladysmith Kitchen).

Ladysmith Kitchen was closed, early in the year, for structural alterations. It re-opened in May, with reduced capacity, to prepare meals for the Ladysmith schools only. The other meals, formerly supplied by this kitchen, were spread amongst four kitchens (see Table III) that were not working to full capacity.

As more appetising and nutritious meals result from smaller bulk cooking, it is pleasing to record that, in the City, there is only one large area kitchen (Montgomery) still in operation.

During the year there has been an increase in the number of children taking meals. In fact, there has been a steady increase for the last four years (see Table I). There was an increase, too, in the number of children taking milk during 1961.

The statistical return required by the Ministry of Education, indicating the number of children taking milk and meals on selected dates during the last four years, is shown below on Table I.

TABLE I.

DATE	MILK		MEALS		
	Number of Children taking Milk	Percentage	Number of children taking Paid Meals	Number of children taking Free Meals	Percentage
28. 9.61	9,329	89.46	3,985	394	41.99
29. 9.60	9,160	87.64	3,564	441	38.35
11.10.59	9,553	91.89	3,212	436	35.09
2.10.58	9,311	89.66	2,912	382	31.72

During the major holidays meals were provided for necessitous children at three centres—Bradley Rowe Schools, Montgomery School and Whipton Infants' School. As shown below (Table II) the attendance was disappointingly low.

TABLE II.

HOLIDAY	Number on register for free meals	Average daily attendance	Percentage of attendance of those eligible
Easter	504	176	34.92
Summer	526	168	31.93
Christmas ...	571	187	32.75

The charge for meals has remained at 1/- during the last four years. Part payment meals (6d.) and free meals were granted according to the parental income. Approximately 120 children per day were served with part-payment meals and approximately 530 children per day with free meals.

Self contained canteens operated at 13 schools.

Meals were supplied to the Technical College and to the Local Health Authority's Day Nursery and Junior Training Centre.

All schools not shown on Table III were served by Montgomery Kitchen.

TABLE III.

SELF-CONTAINED KITCHENS	ADDITIONAL SCHOOLS SUPPLIED
1. Chestnut Avenue Nursery School.	
2. Bradley Rowe J.G., J.B. & I. Schools.	Central J.M. & I. School.
3. Whipton Infants' & Whipton Barton J.M. Schools.	
4. Summerway J.M. School.	St. Sidwell's J.M. & I. School, Newtown J.M. & I. School and Heavitree J.M. & I. School.
5. Countess Weir J.M. & I. Schools.	
6. Stoke Hill J.M. & I. Schools.	
7. The Priory Girls' S.M. School.	The Technical College (Hcle Road).
8. The Vincent Thompson Boys' S.M. School.	The Technical College (Belmont Road) and Junior Training Centre.
9. Bishop Blackall School.	
10. Hcle's School (2 kitchens).	
11. Beacon Heath J.M. & I. School.	
12. St. James Girls' S.M. School.	
13. Ladysmith Boys' S.M., J.M. & Infants' Schools.	

Menus continued to be made for four weeks in advance, as experience has shown that monthly menus are more varied and better balanced than weekly ones. They are also a means of maintaining the standard of nutrition expected by the Ministry of Education.

ACCIDENTS TO CHILDREN IN SCHOOL

(Report by Dr. G. P. McLachlan)

Accidents in school or during school activities causing injury were reported by the head teachers. 126 children (69 boys, 57 girls) in city schools, (11 per 1,000 children in attendance) were involved in such accidents during the year.

In the previous year, 104 accident cases were reported (51 boys, 53 girls).

Senior Schools

74 of the accidents occurred in senior schools (39 boys, 35 girls), i.e. 15 per 1,000 children. Only one school did not report any accidents and another only reported one. The highest proportion of accidents was in a girls' secondary modern school

with 484 pupils which reported 15 accidents. (The highest total number was 17 in a boys' school with 914 pupils).

Place of Accident

During organised games	....	....	....	26
During physical exercises	....	....	....	11
During lessons	....	....	....	14
In passage from class	....	....	....	9
In playground during free play	....	....	....	14

The organised games involved were :

Netball	....	....	....	....	7
Athletics	....	....	....	....	6
Rugby	....	....	....	....	5
Football	....	....	....	....	3
Rounders	....	....	....	....	2
Tennis, Hockey and Dancing	....	....	....	....	1 each

During physical exercises the accidents occurred :

While using apparatus	....	....	....	6
During free exercise	....	....	....	3
During ball games	....	....	....	2

The lessons during which accidents occurred :

Metalwork	....	....	....	....	3
Woodwork	....	....	....	....	3
Gardening	....	....	....	....	2
Ordinary lessons	....	....	....	....	2
Chemistry	....	....	....	....	1
Housecraft	....	....	....	....	1
During morning prayers	....	....	....	....	1
During lunch	....	....	....	....	1

Junior Schools

41 accidents were reported by junior schools (25 boys, 16 girls) i.e. 10 per 1,000.

Place of Accident

Organised games (football)	....	....	....	1
Physical Exercises (2 using apparatus)	....	....	....	8
At Swimming Baths	....	....	....	1
In passage to and from classes	....	....	....	5
In playground during free play	....	....	....	26

Infant Schools

There were only 11 accidents (5 boys, 6 girls) in the infants schools, i.e. 5 per 1,000 children.

Place of Accident

School playground during free play	....	....	....	9
School classrooms during lessons	..	...	...	2

SURVEY OF EXPERIENCE 1959-1961 (inclusive)

This is the third year that a survey of school accidents has been made and in all 355 accidents have been studied (214 in senior schools—104 in junior schools and 37 in infants schools). This is a good opportunity to review these accidents.

Sex of Child

There was very little difference in sex distribution, there being 186 boys and 169 girls.

Age of Children

The majority of the accidents occurred in senior schools (214) and the fewest (37) in infant schools. The juniors had less than half the number in senior schools (104).

ORGANISED GAMES

With 62 accidents during organised games, this was the largest single cause in the senior schools, representing 26% of the total number of accidents. In junior schools there were only 6 such accidents and none in the infant schools. Considering the amount of time spent at organised games in the 10 senior schools in the city the rate can be regarded as very very small.

Netball accounted for the greatest number of accidents, 17 in number. I feel from study of these accidents that this is not because netball is a particularly dangerous game but rather because it is normally played on a hard surface and so, falls are much more likely to result in injury than in games played on grass. Athletics come next with 15 accidents, most of them at high jumping and the remainder during cross country running. Soccer caused 11 accidents, 5 in senior schools and 6 in junior schools but rugby with 9 accidents shows a higher proportion as it is only played in 2 of the senior schools. It was noted also that injuries in rugby tended to be more serious and most resulted in fractures of leg or arm. Cricket though played in most of the boys' schools caused only 4 accidents in 3 years and hockey one in the same period. The remaining accidents were 2 at tennis and 2 at rounders—in each case a player being hit with another racket or bat. One accident—a twisted ankle—at dancing has been included in this section.

PHYSICAL EXERCISES

There were 55 physical education accidents during the 3 years. In 25 of these apparatus was being used, 10 falls when using the buck, wallbars or other climbing apparatus and one accident on a trampette. In the majority of cases lack of skill was the main cause. 28 accidents happened during ball games or in free exercises.

It was found that in these accidents, collision either with another child or with the ball was the most common cause. There were also 2 accidents during swimming lessons, both falls on the side of the baths.

ACCIDENTS DURING LESSONS

35 accidents occurred during school lessons in all cases due to carelessness or lack of skill. Lack of skill in the use of tools accounted for 13 such accidents, 8 during woodwork and the rest

during metalwork. There were 3 accidents during chemistry lessons, all due to lack of skill, as were 2 during gardening in which a boy stuck a garden fork into his foot. These last two accidents make one consider the risk of tetanus to these boys ; serious consideration should be given to offering active tetanus immunisation to the pupils at school when gardening is part of the curriculum. This has already been done in Exeter. Two accidents occurred during housecraft lessons and both involved upsetting a jug of hot liquid.

The remaining 15 accidents, though taking place in a class, were not directly related to the lesson. Most happened when the child slipped off his chair or his chair got moved before he sat down. In one curious train of circumstances a child fainted while standing on the platform during prayers and knocked over the lectern ; although she herself was unhurt the lectern injured a child in the front row. There was only one accident reported during school lunches when a plate with hot gravy was upset over a child's hand. This is an excellent safety record.

SCHOOL PREMISES

58 other accidents occurred in the school premises but not during school lessons. 19 were falls on stairs during passage from one class to another or while entering or leaving school. All were accidental and in no case was deliberate pushing the cause. " Fooling " while proceeding along corridors or while changing for physical education and games or during indoor play in bad weather accounted for 30 of the accidents. The remaining 9 were related to doors or windows jamming fingers or opening suddenly and knocking into children passing by.

IN PLAYGROUND

Most of the accidents (145) happened during free play in the playground. In the senior schools there were nearly as many (59) as during organised games, while both in junior schools with 64 such accidents and in infants schools with 22, they accounted for more than half the total of all school accidents. Falls during play seemed to be the commonest cause, though collision between 2 children or between a child and some other object (usually a wall) was a close second. The majority occurred during normal play ; only in a few cases was conduct in excess of normal " fooling " or conduct against the school rules the cause.

JUVENILE COURT

During 1961, 210 children (186 boys ; 24 girls) attending schools maintained by the Exeter Education Committee appeared before the Juvenile Court. Of these, 7 children (6 boys ; 1 girl) were sent to approved schools. Unhappily the total number of juvenile offences before the court was distinctly higher than in 1960 (127 boys ; 21 girls) or in 1959 (98 boys ; 20 girls) : the increase is among the boys, larceny, and breaking in with larceny,

showing notable increases. 8 boys and 1 girl appeared more than once before the Juvenile Court for the same kind of offence ; 17 boys and 4 girls appeared more than once but for different offences.

The table below sets out the sex, age group and offences committed.

Juvenile Court Cases

OFFENCE COMMITTED	Boys					GIRLS				
	AGE GROUP				Total	AGE GROUP				Total
	5-7	8-10	11-14	Over 14		5-7	8-10	11-14	Over 14	
Larceny	—	16	60	8	84	—	1	16	1	18
Wilful or Malicious Damage	—	3	30	4	37	—	—	2	—	2
Cycling Offence	—	—	15	4	19	—	—	—	1	1
Receiving	—	—	7	1	8	—	—	—	—	—
Larceny and Breaking in	—	2	15	—	17	—	—	—	—	—
Beyond Control	—	—	—	—	—	—	—	—	2	2
Being in need of care and protection	—	—	—	—	—	—	—	—	1	1
Breach of Probation Order	—	—	—	1	1	—	—	—	—	—
Indecent Assault	—	—	4	1	5	—	—	—	—	—
Trespassing B.R.	—	—	3	—	3	—	—	—	—	—
Assault	—	1	3	2	6	—	—	—	—	—
Miscellaneous	—	—	6	—	6	—	—	—	—	—
TOTAL	—	22	143	20	186	—	1	18	5	24

Approved School Admissions

During 1961, 7 children (6 boys ; 1 girl) were sent by the Court to approved schools ; they were all aged between 10 and 15 years. In 1960, 8 children (7 boys ; 1 girl) were sent to approved schools.

The classified offences were :—

Larceny	3
Beyond Control and Larceny	1
Larceny and Housebreaking	1
Breach of Probation Order	1
Indecent Assault	1

As in previous years, social problems were manifest in most cases referred to approved schools.

- (a) 2 (boys) : were known to be educationally subnormal and maladjusted.
- (b) 2 (boys) : had lost a parent by death—in one instance the widow had re-married.
- (c) 1 (girl) : parents were separated.

Size of Family :

- 2 (boys) : one of 2 children ; 2 (1 boy ; 1 girl) one of 5 children ;
- 1 (boy) : one of 6 children ; 1 (boy) one of 8 children ; 1 (boy) one of 10 children.

SCHOOL LEAVING REPORTS

During 1961, 21 reports were sent to family doctors about children leaving school who were handicapped or had defects or any important medical history.

27 school leaving children were reported to the Youth Employment Officer regarding suitable employment.

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

In November, the question of medical examination re fitness for part-time employment was reviewed and it was decided that where a child had had a complete medical examination within the last four months and subject to written confirmation by the parents that the child had had no serious illness or accident since that date, an employment certificate could be issued without carrying out another medical examination.

8 new cases (7 boys ; 1 girl) and 3 re-exams (2 boys ; 1 girl) were issued with certificates under this new procedure.

In addition to these children, 276 school children (188 boys ; 88 girls) including 7 from independent schools were granted licences for part-time employment after being medically examined in accordance with the Authority's Bye-Laws. None was refused. 140 children (105 boys ; 35 girls) were also re-examined after working between 3 and 6 months. No evidence of any ill effect was observed.

The relevant Bye-Laws remained unchanged and were detailed in my 1954 report. The Director of Education's department is responsible for ensuring that no children are employed without licences and that the terms of the licences are observed.

TYPE OF EMPLOYMENT (NEW CASES)	Boys	Girls
Delivery of newspapers	151	54
Delivery of groceries	7	—
Delivery of meat	9	—
Delivery of milk	8	—
Hairdressing	—	10
Shop assistants	—	17
Office work	—	2
Miscellaneous	20	6
TOTAL	195	89

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

Reported on Form Y.9 during 1961.

Form Y.9 is a medical report sent to the Youth Employment Officer indicating the employment(s) considered unsuited to the individual leaver having regard to his handicap as stated and when the handicap is such that registration under the Disabled Persons (Employment) Act, 1944 is not considered necessary.

MAIN DEFECT	Boys	Girls	Total
(a) Educationally Subnormal	5	8	13
(b) Defective Vision	1	—	1
(c) Defective Hearing	1	—	1
(d) Orthopaedic	3	1	4
(e) Epilepsy	1	2	3
TOTAL	11	11	22

Reported on Form Y.10 during 1961.

(Form Y.10 is a medical report indicating severe handicaps where registration under the Disabled Persons (Employment) Act, 1944 should be considered).

MAIN DEFECT	Boys	Girls	Total
(a) Educationally Subnormal	2	—	2
(b) Defective Heart ...	1	1*	2
(c) Asthma ...	1	—	1
TOTAL	4	1	5

*(REGISTERED UNDER THE ABOVE ACT)

Placement by the Youth Employment Bureau.

The Youth Employment Officer reports as follows on the number of jobs held by these children up to date (6.3.62.) :

(a) 22 children (reported on Form Y.9).

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Present Job only	7	8	15
2nd Job	1	1	2
Remaining at school	2	2	4
Continuing Education at Technical College	1	—	1
TOTAL	11	11	22

(b) 5 children (reported on Form Y.10).

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Present Job only	1	—	1
2nd Job	1	1	2
3rd Job	2	—	2
TOTAL	4	1	5

Financial Year ended 31st March, 1961

(The City Treasurer has kindly supplied me with the following information)

(a)	Total cost of School Health (including Dental) Service	....	£28,529
(b)	Amount of Government Grant	....	—
(c)	Actual cost to the rates	....	£28,529
(d)	Cost in terms of penny rate	....	4.1d.
(e)	Cost per child to the Exeter Education Committee (based on a school population of 11,202)	....	£2.11.1d.

It should be noted that though no grant is made by the Government to local authorities specifically in relation to the school health service, the general grant made to the local authorities takes into account (in the total national allocation) known previous expenditure on all the education services, formally directly grant-aided ; so that in the national allocation approximately half of the expenditure on the school health service is reimbursed by grant. However, the new method of calculating the general grant (which takes into account many factors including the rateable value of the area), does not ensure that each authority is re-imbursed to this extent.

RETURNS TO MINISTRY OF EDUCATION

PART I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

AGE GROUPS INSPECTED (By year of birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	47	47	100	—	—
1956	874	874	100	—	—
1955	118	118	100	—	—
1954	14	14	100	—	—
1953	—	—	—	—	—
1952	—	—	—	—	—
1951	—	—	—	—	—
1950	21	21	100	—	—
1949	325	325	100	—	—
1948	675	675	100	—	—
1947	258	258	100	—	—
1946 and earlier	905	904	99.999	1	0.111
TOTAL	3,237	3,236	99.996	1	0.003

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin)

AGE GROUPS INSPECTED (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual pupils
(1)	(2)	(3)	(4)
1957 and later	2	13	12
1956	36	116	128
1955	5	13	16
1954	—	—	—
1953	—	—	—
1952	—	—	—
1951	—	—	—
1950	1	2	2
1949	45	51	80
1948	96	109	179
1947	—	—	63
1946 and earlier	197	175	324
TOTAL	382	479	804

TABLE C—OTHER INSPECTIONS

Number of special inspections	1,280
Number of re-inspections	2,317
TOTAL	3,597

TABLE D—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	15,786
(b)	Total number of individual pupils found to be infested	85
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 51(2), Education Act, 1944)	Nil.
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil.

PART II.

Return of Defects found by Medical Inspection during the Year Ended 31st December, 1961

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T.	O.	T.	O.	T.	O.	T.	O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	30	30	103	52	69	57	202	139
5	Eyes : a. Vision	38	88	197	54	147	93	382	235
	b. Squint	20	3	5	1	8	6	33	10
	c. Other	—	3	7	3	5	7	12	13
6	Ears : a. Hearing	3	18	2	5	5	22	10	45
	b. Otitis Media	1	26	5	4	3	7	9	37
	c. Other	9	12	14	3	25	8	48	23
7	Nose and Throat	10	120	3	17	10	72	23	209
8	Speech	12	26	—	1	2	8	14	35
9	Lymphatic Glands	—	39	—	3	1	27	1	69
10	Heart	—	3	1	7	—	13	1	23
11	Lungs	10	19	2	5	7	21	19	45
12	Developmental :								
	a. Hernia	—	3	—	1	3	1	3	8
	b. Other	—	18	—	5	1	22	1	45
13	Orthopaedic :								
	a. Posture	2	8	6	16	12	29	20	53
	b. Feet	5	12	16	11	7	18	28	41
	c. Other	11	57	3	22	10	68	24	147
14	Nervous System :								
	a. Epilepsy	1	3	1	2	1	2	9	7
	b. Other	1	1	3	2	—	13	7	16
15	Psychological :								
	a. Development	—	5	—	3	2	30	2	38
	b. Stability	1	13	1	10	2	19	4	42
16	Abdomen	3	3	—	8	1	4	4	15
17	Other	1	71	—	—	3	11	7	82

T means requiring Treatment.

O means requiring Observation.

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	9	7
5	Eyes : <i>a.</i> Vision	56	15
	<i>b.</i> Squint	7	—
	<i>c.</i> Other	1	1
6	Ears : <i>a.</i> Hearing	25	8
	<i>b.</i> Otitis Media	3	6
	<i>c.</i> Other	9	2
7	Nose and Throat	23	37
8	Speech	12	12
9	Lymphatic Glands	—	2
10	Heart	2	1
11	Lungs	8	9
12	Developmental :		
	<i>a.</i> Hernia	—	1
	<i>b.</i> Other	6	4
13	Orthopaedic :		
	<i>a.</i> Posture	3	6
	<i>b.</i> Feet	7	2
	<i>c.</i> Other	4	5
14	Nervous System		
	<i>a.</i> Epilepsy ...	4	—
	<i>b.</i> Other	4	4
15	Psychological :		
	<i>a.</i> Development [†] ...	2	3
	<i>b.</i> Stability	6	5
16	Abdomen	1	1
17	Other	10	19

PART III.

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	152
Errors of refraction (including squint)	681
TOTAL	833
Number of pupils for whom spectacles were prescribed	598

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	8
(b) for adenoids and chronic tonsillitis	130
(c) for other nose and throat conditions	3
Received other forms of treatment	294
TOTAL	435
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1961	5
(b) in previous years	8

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	28
(b) Pupils treated at school for postural defects	25
TOTAL	53

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm : (i) Scalp	—
(ii) Body	3
Scabies	2
Impetigo	41
Other skin diseases	216
TOTAL	262

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	153

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	113

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	610
(b) Pupils who received convalescent treatment under School Health Service arrangements	2
(c) Pupils who received B.C.G. vaccination	911
(d) Other than (a), (b) and (c) above. Please specify :	
Heart conditions (incl. Rheumatism and Chorea)	11
Lungs (incl. Tuberculosis and Non-Tuberculosis conditions, Bronchitis, etc.)	113
Epilepsy and other nervous conditions	22
Miscellaneous — Glands, Abdomen, Appendicitis, Influenza, Fractures, Urinary conditions, etc.	341
TOTAL (A)—(D)	2,010

PART IV.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
	(a)	At Periodic Inspections	....	....	10,262
	(b)	As Specials	....	....	709
				TOTAL (1)	10,971
(2)	Number found to require treatment				
(3)	Number offered treatment				
(4)	Number actually treated				
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11 (h)				
(6)	Half days devoted to :				
		Periodic (School) Inspection	....		74
		Treatment	....		1,408
				TOTAL (6)	1,482
(7)	Fillings :				
		Permanent Teeth	....		6,453
		Temporary Teeth	....		1,312
				TOTAL (7)	7,765
(8)	Number of teeth filled :				
		Permanent Teeth	....		5,634
		Temporary Teeth	....		1,234
				TOTAL (8)	6,868
(9)	Extractions :				
		Permanent Teeth	....		1,055
		Temporary Teeth	....		2,276
				TOTAL (9)	3,331
(10)	Administration of general anaesthetics for extraction				
(11)	Orthodontics :				
	(a)	Cases commenced during the year	....		63
	(b)	Cases carried forward from previous year	....		237
	(c)	Cases completed during the year	....		20
	(d)	Cases discontinued during the year	....		4
	(e)	Pupils treated with appliances	....		53
	(f)	Removable appliances fitted	....		113
	(g)	Fixed appliances fitted	....		—
	(h)	Total attendances	....		1,369
(12)	Number of pupils supplied with artificial dentures				
(13)	Other operations :				
		Permanent Teeth	....		2,553
		Temporary Teeth	....		63
				TOTAL (13)	2,619

APPENDIX I

EXETER EDUCATION COMMITTEE

School Health Service,
1A Southernhay West, Exeter

The Giles-Archer Colour Perception Unit
(aviation model) :

The Giles-Archer Lantern consists of a small cylindrical lantern about 4 ins. tall and with a diameter of about 2 ins. It has attached a disc containing small coloured glasses in shades of red, green and yellow, which can be rotated to bring the desired colour in front of the light source. It has also a sliding bar which can be used to reduce the size of the light aperture and by use of a frosted glass to make it less sharp. The lantern fits into an ordinary lamp socket (but, of course, must be at eye level). It is easily transported.

The Ishihara Bookplate Tests should continue to be used as the primary test and only those failing in it need be tested with Lantern. The principle is that many who fail in the Ishihara, nevertheless, can always be certain to distinguish red from green. This is all the Lantern test professes to do—to make sure whether the person tested can *without fail* tell red from green. If he can do so he is classified as colour defective safe and if he cannot, he is classified as colour defective unsafe (having previously been classified as colour defective on the Ishihara test).

This Ishihara test is carried out systematically among the boys at about 10 years of age, in the junior schools in Exeter and the Lantern test done later when convenient, usually within six months. We do not conduct routine testing of girls.

Colour Vision in relation to Employment

The following are the requirements in respect of colour vision for various jobs likely to be obtained in this area as ascertained from the medical officers or other senior officials of the organisations concerned. This list is not to be regarded as completely comprehensive.

1. ROYAL NAVY. (I understand the Navy use a Martin's Colour Vision Lamp, a comparable apparatus).

3 grades of colour perception. Grade I. (colour vision normal) ; Grade III. (colour defective safe) ; Grade IV. (colour defective unsafe).

Grade I—can enter any branch of R.N. or R.M.

Grade III—can enter any branch *other than* seaman, signalman, telegraphist or naval airman.

Grade IV—are rejected for all branches.

2. ARMY

Normal colour vision is required for *Royal Engineers*—Navigator and Railway Engine Driver, and for *Royal Army Service Corps*—Navigator and Seaman.

Those colour defective safe would not be accepted for any of the above trades.

3. ROYAL AIR FORCE

Normal colour vision is required for the following trades : Radar ; Radio and Signals ; Armament ; Electrical and Instrument ; Air Traffic Control ; All forms of Aircrew Duties.

4. RAILWAYS

Normal colour vision (the term colour defective safe is not recognised) is required for all Locomotive Staff, and for any required to work on the line such as platelayer, signal staff, guards, etc.

5. POLICE

For Exeter Police candidates are tested for colour vision and those colour defective safe will be accepted.

6. ELECTRICITY BOARD

The South Western Electricity Board does not require their employees to have normal colour vision. However the Central Electricity Generating Board require employees engaged on multi-coloured wiring work to have normal colour vision, but no specific ruling has been made and each case is dealt with individually.

The personnel officer states that the number of boys applying to be apprentices exceeds the vacancies and if all things other than colour vision were equal as between two candidates the one with normal colour vision would be selected.

7. SOUTH WESTERN GAS BOARD

Normal colour vision is only required for drivers for whom a high standard of acuity and binocular vision is required. Candidates are only tested with Ishihara plates so those we classify as colour defective safe would not pass.

8. UNIVERSITY LABORATORY TECHNICIAN

The heads of the departments of physics and chemistry at the University states that they do not specifically enquire about colour vision but that a person with defective colour vision might have some difficulties in certain aspects of the work of a laboratory technician. They doubt whether these difficulties would be sufficiently severe to make it necessary to advise a boy or girl against applying for training.

9. HOSPITAL LABORATORY TECHNICIAN

Colour vision defective unsafe, would preclude employment.

10. PRINTING

General printing apprenticeships which include colour printing would not be suitable for those with defective colour vision. However black and white printing such as in newspapers would be suitable.

E. D. IRVINE,

March, 1962.

Principal School Medical Officer.

Distribution—Youth Employment Officer.

Headmasters of all Boys' Secondary Schools.

School Medical Officers.

School Nurses.

APPENDIX II

EMPLOYMENT OF SCHOOL LEAVERS WITH HANDICAP

This note is a reduced version of a paper submitted to the General Assembly of the European Union of Social Medicine at Turin in July, 1961, by Dr. C. H. J. Baker, School Medical Officer and J. V. F. Smyth, Esq., B.Sc., Youth Employment Officer.

The Background

The experience gained in the rehabilitation and training of disabled service men after World War II has drawn attention to the constructive possibilities in this field and has brought about a change in attitude towards the employment and training of handicapped young people in the country.

Immediate post-war surveys indicated that as many as 19% of physically handicapped young people were unemployed.

The difficulties of employment demonstrate the extent and complexity of the problems.

(a) **The Existing Disability** is the prime factor of importance limiting capabilities and causing a limitation of choice of employment. For example :—

Cardiac cases may enter employment, which they are physically incapable of sustaining ; the mentally retarded, often mal-adjusted as well, drift from job to job.

(b) **The Environmental Influences.** Ill-health is often associated with poor home conditions and bad housing.

In " problem " families, often numerous in size, the father is generally unemployed and this aggravates physical handicap in overcrowded conditions.

The attitudes of parents towards their children's handicaps range from over-protection through apathy to active discouragement.

Industry to-day has become highly skilled and specialized, and offers good scope for clever youngsters but less for those with limited skills. On the employer's side, there is an adverse attitude towards initial engagement of handicapped persons.

The Methods Adopted

A. At School

Handicapped children, needing special educational treatment, are classified as such under the Education Act, 1944, and local authorities have a statutory obligation to provide suitable education for them in ordinary or special (day and boarding) schools.

Periodic follow-up by the school medical officer is carried out and during the term before school leaving, recommendations are made, and liaison established with, the Youth Employment Officer, about the future employment of all handicapped children, some of whom may not be statutorily classified. Pre-employment occupational training, if necessary and available, may also be considered.

B. School Leaving (Aged 15-18 Years)

(i) **Placement in Employment.** The Youth Employment Officer is responsible for assisting handicapped persons to secure suitable employment until they become 18 years of age when this function is transferred to the Ministry of Labour. Close liaison between Youth Employment Officer and School Health Service is essential.

(ii) **Adjustment to Employment.** Written and personal contact follow-up is made by the Youth Employment Officer with each case and the employers concerned.

(iii) **Placement in Training.** Advantage is taken of the following facilities :—

- (a) Local training establishments : the Youth Employment Officer and School Medical Officer consult the parents in regard to placement and follow-up ;
- (b) Voluntary Training Establishments for initial assessment and occupational training, e.g. St. Loyes College at Exeter ;
- (c) Ministry of Labour training centres—assessment is effected by Industrial Rehabilitation Units, including medical officers, and occupational psychological and sociological experts, functioning as a care committee.

(iv) **Placement of the Unemployable** is made by the Youth Employment Officer, in consultation with the School Medical Officer, in local occupational training centres, part-time attendance at Day Rehabilitation Centres, where available, or sheltered workshops under Local Authority Welfare Department control in some places.

A review of the Employment Situation in Exeter, over the past six years (1955-1960 inclusive) among School Leavers suffering from the more frequent handicaps.

The population of Exeter is now 78,500 with a social grading compared with England and Wales as follows :—

	<i>Class I Profes- sional</i>	<i>Class II Inter- mediate</i>	<i>Class III skilled</i>	<i>Class IV semi- skilled</i>	<i>Class V un- skilled</i>
Exeter per 1,000	40	160	570	110	120
England & Wales, 1% sample per 1,000	33	150	527	162	128

The Mentally Retarded

Boys. There were 41 with an I.Q. range of 51-79.

- (i) **Family** : 15 (i.e. 36.6%) came from families of 5 children or more as against 3.7% of such families in Exeter.
- (ii) **Father's Employment** : As many as 18 (43.9%) fathers were engaged in unskilled work ; 15 (37.1%) in semi-skilled and only 4 (10%) in skilled occupations.
- (iii) **Home Conditions** : In 2 instances the home conditions were described as poor, in 1 (one) instance the parents were separated and in 3 instances the fathers were deceased from periods of 6-15 years—giving a total of 15% adverse situations.
- (iv) **Employment** : 20 of this group had reached the ages of 18-20 years and therefore been available for employment for at least 3-5 years. 10 had had 4 jobs or more, whilst 6 were totally unemployed. Of the number of submissions (i.e. employment requests before engagement) 8 had had between 4 and 16 submissions.

Class V or unskilled forms of employment were followed in *every* case.

Girls. A total of 43 girls had an I.Q. range of 48-78.

- (i) **Family** : 22 girls (i.e. 51.2%) came from families of 5 or more children.
- (ii) **Fathers' Employment** : 22 (53.7%) fathers were engaged in unskilled work ; 10 (24.7%) in semi-skilled ; 6 (14.6%) in skilled and one in professional occupations ; 2 were deceased and 2 in prison.
- (iii) **Home Conditions** : 1 household, was described as bad, 8 as poor, (including 2 fathers in prison) and the fathers were deceased in 2 more, making a total of 26% homes affected.
- (iv) **Employment** : 25 of the group had reached the ages of 18-20 years with 3-5 years employment availability. 15 of them had had 4 or more jobs (including 1 with 6 jobs and 1 with 12 jobs). There were 7 submissions in 2 instances, and one each of 9, 15 and 22 submissions—the last being the girl with 12 jobs.

All were in Class V (unskilled) forms of employment.

These details demonstrate the influence of family and home, and the difficulties of placement and employment instability. Placement is assisted in the case of children leaving special schools, because training has shown the direction of aptitude. (One head teacher has made suggestions for a course in the "design of living").

There is no specific training after leaving school for this group. Industrial training centres are needed apart from the Training Centres for persons more severely subnormal. Assessment by industrial rehabilitation units through the local disablement rehabilitation officer is however available for persons who have been regarded in school as educationally subnormal.

Vision Defects. No cases were totally blind, though all were deemed by medical opinion to have defects of sufficient severity to merit assistance by the Youth Employment Officer in employment placement.

Boys. There were 28 boys, 9 of whom came from families of 5 children or more. Submissions for employment for 26 boys averaged 1.1 but 2 boys with high myopia had 11 and 14 respectively.

Employment for the group averaged 1.1 jobs per boy and none was unemployed.

Girls. There were 14 girls, 4 from families of over 5 children. Submissions for the 12 girls averaged 1.3, but in 2 instances were 9 and 10 with 5 jobs and 1 job respectively.

The employment average was 2.5 jobs and none was unemployed. In spite of their defect therefore, there were only 3 instances where placement was really difficult, and once placed these were steady in employment.

Training. 6 boys and 3 girls (24.3% of the visual group) had been educated at the West of England School for the Partially Sighted in Exeter.

There are good training facilities available throughout the Country for a wide range of occupation under the auspices of the National Institute for the Blind and other voluntary organizations.

Hearing Defects. There were 3 boys and 7 girls with partial deafness of sufficient severity to be reported to the youth employment officer. Their employment experience averaging 1.5 jobs was normal, but an average of 3 submissions per school leaver showed difficulty in placement.

Training. A 3 years course in Manchester (which is too long) in a limited number of activities for leavers from schools of the deaf is among the very few training facilities for those with this handicap, which is among the most disabling in its effect. The necessity for the earliest ascertainment for congenital cases especially in infancy and their continuous training throughout pre-school and school years with special provision in ordinary schools is becoming increasingly recognized; their improved speech capability and social adjustment will make for greater responsiveness to training on leaving school.

Epileptics. There were 5 cases, 3 boys and 2 girls, one of whom, a boy, had a period of training at Lingfield Hospital School and was found immediate employment on return.

Of the remainder, one had 4 jobs with 3 submissions and the other 3 held original jobs after 1, 2 and 3 submissions respectively.

These cases are notoriously difficult to place in employment owing to employers' prejudice against them. On the one hand they may enter employment without disclosing their condition perhaps with later unfortunate results and distrust of their reliability, but on the other hand many are well controlled by drugs, and are able to hold their jobs well.

The Physically Handicapped include cases of cerebral palsy, sequelae of poliomyelitis, orthopaedic and congenital deformities. They include 15 boys and 8 girls. Employment was remarkably stable averaging 1.1 jobs, though again placement caused some difficulty with an average of 5.7 submissions for 6 of them.

Training. 7 boys and 1 girl (34.8% of the group) were trained at the St. Loyes College, Exeter, for the Rehabilitation of the Disabled.

A recent feature is the development of the junior section, which provides graduated educational and occupational training for the handicapped at the school leaving age.

Such training establishments as Remploy Ltd. have some 90 factories as sheltered workshops throughout the country for physically handicapped people (16 years and over). Unfortunately since the formation of the company some 30-50% of their disabled are over the age of 50, as found in a recent survey.

Cardiac cases were a group of 4 only (3 boys and 1 girl), during the 6 year period. Placement was difficult in 3 out of the 4 cases with 7 and 19 submissions in 2 cases leading to 5 changes of employment for each.

A Glasgow survey mentions the tendency for these cases to rush into unsuitable work in disregard of the advice of the school medical officer and the youth employment officer.

The Future Need

(a) **Pre-Employment Training.** There is a great need to expand the training facilities for handicapped school leavers, before their entry to employment with the objects of :—

- (i) Fitting them for employment.
- (ii) Counteracting the instability of employment between the ages of 16-18 years. The difficulty is countered to some extent by extension of the leaving age in special schools to 16 years, though a number leave at 15 by request of their parents to go direct to employment. Even so, the hazards for these leavers are so much greater than for the ordinary school leaver, that occupational training before employment entry is a paramount necessity.

- (iii) Enlarging the range of jobs open to them from unskilled forms of employment to the semi-skilled and even skilled.
 - (iv) Improving the far from adequate facilities in day and residential training centres. There should be a greater use made of the Remploi pattern of training with the closed sheltered workshop especially for the mentally retarded and the physically handicapped.
 - (v) Providing adequate financial assistance to trainees living and working away from home. At present, allowances initially cover training, but during the ensuing post-training employment, wage rates are tied to a percentage of the craftsmen's rates, and do not cover living costs.
- (b) **Greater Co-operation of Employers** is required with the aims of :—
- (i) Ensuring the employment of more handicapped leavers, and breaking down the existing but natural prejudices against their employment.
 - (ii) Securing attention to adjustment within employment so necessary for these employees. Special grants to employers to offset losses in production through such adjustments and generally through their employment of handicapped school leavers, should be made available.

A greater appreciation and attention to these needs is required in the next two to three years, when the children born in the immediate post-war years with increased birth rates are already leaving school. The number of school leavers in Great Britain in 1955 was 625,000, of whom 318,000 were boys and 307,000 were girls ; in the present year (1961) it is anticipated the number will be of the order of 930,000 including 475,000 boys and 455,000 girls.

